

EXHIBIT G

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UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

-----x
DONNY A. SINKOV, as Administrator of the
Estate of SPENCER E. SINKOV, deceased,
DONNY A. SINKOV and HARA SINKOV,

Plaintiffs,

-against-

DONALD B. SMITH, individually and in his
official capacity as Sheriff of Putnam
County, JOSEPH A. VASATURO, individually,
LOUIS G. LA POLLA, individually, THE COUNTY
OF PUTNAM, NEW YORK, and AMERICOR, INC.,

Defendants.
-----x

222 Bloomingdale Road
White Plains, New York
January 7, 2008
4:24 p.m.

EXAMINATION BEFORE TRIAL of LOUIS LA POLLA,
a Defendant in the above-captioned matter, held
pursuant to Notice at the above time and place,
before a Notary Public of the State of
New York.

Tracy Smith,
Shorthand Reporter

COMPU-TRAN SHORTHAND REPORTING

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IT IS HEREBY STIPULATED AND AGREED,

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by and between the attorneys for the respective

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parties hereto, that the sealing and filing of

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the within deposition be waived; that such

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deposition may be signed and sworn to before any

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officer authorized to administer an oath with

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the same force and effect as if signed and sworn

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to before a Justice of this Court.

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IT IS FURTHER STIPULATED AND AGREED

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that all objections, except as to form, are

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reserved to the time of trial.

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IT IS FURTHER STIPULATED AND AGREED

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that the within examination and any corrections

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thereto may be signed before any Notary Public

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with the same force and effect as if signed and

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sworn to before this Court.

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2 APPEARANCES:

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LOVETT & GOULD, LLP
Attorneys for Plaintiffs
222 Bloomingdale Road
White Plains, New York 10605

BY: KIM BERG, ESQ.

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MIRANDA, SOKOLOFF, SAMBURSKY, SLONE,
VERVENIOTIS, LLP
Attorneys for Defendant -
DONALD B. SMITH
The Esposito Building
240 Mineola Boulevard
Mineola, New York 11501

BY: ADAM I. KLEINBERG, ESQ.

12

SANTANGELO, RANDAZZO & MANGONE, ESQ.
Attorneys for Defendants -
LOUIS G. LA POLLA
JOSEPH A. VASATURO
COUNTY OF PUTNAM
151 Broadway
Hawthorne, New York 10532

BY: JAMES A. RANDAZZO, ESQ.

18

WILSON, ELSER, MOSKOWITZ, EDELMAN &
DICKER, LLP
Attorneys for Defendant -
AMERICOR
3 Gannett Drive
White Plains, New York 10604-3407

BY: TIMOTHY P. COON ESQ.

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ALSO PRESENT: Donny Sinkov
Donald Smith

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LOUIS LA POLLA,

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having been duly sworn by Tracy Smith,

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a Notary Public within and for the State

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of New York, was examined and testified

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as follows:

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10 EXAMINATION BY MS. BERG:

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Q. State your name and address for

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the record, please.

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A. Louis LaPolla, 3 County Center,
Carmel, New York.

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Q. Sergeant LaPolla, I'm Kim Berg.

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I'm going to ask you some questions. Let me
know if there's anything I say that you
don't understand.

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A. I will.

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Q. If you give an answer you later

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realize is incorrect or incomplete, let me

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know so we can have complete and accurate

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answers before you leave.

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A. Okay.

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Q. Do you understand all that?

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LOUIS LaPOLLA**A. Yes.****Q.** Can you describe your educational background?**A. I have bachelor's degree, criminal justice.****Q.** When did you receive that?**A. Mid '90s. I think '98 maybe.****Q.** Any other post high school degrees or certificates?**A. As far as education, no.****Q.** Are you currently employed?**A. Yes.****Q.** In what capacity?**A. I'm a sergeant working in the Putnam County Sheriff's Department, Corrections Division.****Q.** For how long have you held that position?**A. I started -- I made sergeant in August '02.****Q.** Prior to that, where were you employed?**A. I was a correction officer with the Putnam County Sheriff's Department and I**
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intakes or booking process?

A. Generally if there's any questions, if the booking officer has any questions or feels that someone is a constant watch or needs some medication or any kind of questions that would come up, they would address the sergeant to answer the questions.**Q.** So the booking officer would be responsible to bring those concerns to your attention?**A. Yes.****Q.** Other than when the booking officer brings concerns to you as the sergeant, do you have any role in the booking or intake process?**A. Being a supervisor, I'll go in when I hear people are coming in. Make sure there's no problems. You know, no one that's combative. No one that can't stand up. We can't accept anybody that's too intoxicated or high. They would have to get transported to the hospital.****Q.** Do you have any responsibility for
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LOUIS LaPOLLA**started in April '95.****Q.** Prior to April of '95, did you hold any positions with any facility?**A. Yes. Well, with Effective Security. I was there about six years.****Q.** Any other correctional positions?**A. No.****Q.** As a sergeant in the Putnam County Correctional Facility, what are your job duties and responsibilities?**A. I supervise five officers, six officers depending if there's North Housing-2 is open or not. Make sure if there's any questions or problems, I will address them.****Q.** Are you assigned since August of '02 to a regular shift?**A. Yeah. I've been nights even from as an officer. Minus one month in December '05.****Q.** What are night shift hours?**A. 11:30 to 7:30.****Q.** With respect to your duties as sergeant, do you have any role in the
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filling out any of the screening paperwork?

A. It's common practice to sign off on the screening.**Q.** When you say "sign off on the screening," are you referring to the suicide screening?**A. Medical and suicide, correct.****Q.** You would sign off on both?**A. Yes.****Q.** Is that required by Putnam County policy as far as you know?**A. As far as I know, not 100 percent sure. I don't think there's anything written on that unless there's a problem. Then the paperwork is forwarded to me by the booking officer.****Q.** What do you mean if there's a problem?**A. High-risk shaded areas; statements, suicidal statements. Don't want to live anymore. Anything to that effect.****Q.** When you say if there's a high risk, what do you mean?**A. If the booking officer feels that**
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the person is high risk, the screening that you've gone over, it could have a high score or they could have a zero and the booking officer could feel they're being lied to. And they can say we're not being honest with us, you have to make sure to err on the side of caution.

Q. When you say high risk, you mean high risk of committing suicide?

A. Yes. I should say high risk and withdrawals, too. Any high risk.

Q. Is high risk defined anywhere as far as you know in any policy or procedures in Putnam County?

A. It may be, but I can't recall at this time.

Q. Is it customary that booking officers will have situations on the 11:30 to 7:30 shift that you supervise where individuals pose a high risk of suicide?

A. Yes.

Q. Or where the shaded areas on the form are checked?

A. Yes.

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Q. Or where they make some type of suicidal statement?

A. Yes.

Q. In each of those cases, you're supposed to be notified according to Putnam County policy?

A. That is correct.

Q. Do you have any understanding as to what the purpose of notifying you as the supervisor is in connection with those high-risk inmates?

A. The booking officers are trained to identify high risk and place them on the proper supervision, and I would review, concur. I may talk to the inmate just to verify.

Q. Are you required to approve or disapprove, if you will, the placement of an inmate on some type of heightened level of supervision?

A. Yes. I would say yes.

Q. Does that approval have to be in writing?

A. I would say within the P-1 form

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in a memo, so I would say yes.

Q. Is your approval as the sergeant required to be in writing?

A. Not necessarily, no.

Q. It could be verbal?

A. It could be verbal, and I could delegate, tell a person to type a memo on this individual or do a mental health referral. Something to that effect.

Q. Have you had occasion to do a P-1 with respect to somebody that's on a heightened level of supervision?

A. Yes, I have.

Q. In some cases, the booking officer does the P-1?

A. Yes.

Q. It's not uniform who's going to do it?

A. No. Usually the booking officer. When it gets busy at times, I'll go in and help out.

Q. On the shift that you've work since August '02 since you've been sergeant, are you the most senior person?

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A. Usually unless there's someone doing overtime that an officer has more time. That does happen.

Q. Senior in terms of more time on the job?

A. On the job.

Q. Not senior in terms of title?

A. No, unless there's a sergeant doing overtime at night, and that has happened.

Q. With respect to your duties, are they facility wide, or are they limited to a specific unit?

A. It's facility wide. I'm in charge of the whole jail.

Q. In terms of your reporting structure, who do you report to in the chain of command?

A. I would report to the lieutenant, and if the lieutenant is out, I would report to the captain.

Q. Lieutenant is O'Malley?

A. Yes.

Q. How often do you interact with

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O'Malley?

A. It varies. He was out for a while. Then I interacted more with the captain.

Q. And the lieutenant and captain work the same hours as you?

A. No. They're 9 to 5 basically, and I'm the night shift.

Q. What's the form of your interaction with lieutenant and the captain?

A. If there's a constant watch. If there's an incident. If there's a fight. Someone overdosing, which has happened. Anything that would be reportable to the State Commissioner of Corrections would be notified to the lieutenant and higher.

Q. So that would be on a given shift, you would actually make notification to the lieutenant or in the lieutenant's absence, the captain --

A. Yes.

Q. -- of an unusual incident?

A. Yes.

Q. And you would notify them also if

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a constant watch is instituted?

A. That has happened yes, generally I do.

Q. In any case when a constant watch is instituted, are you required to notify them?

A. As far as requirement, I'm not sure, but I do it anyway.

Q. That's your practice?

A. Yes.

Q. Do you know if other sergeants do that?

A. I believe they do, yes.

Q. In terms of your interaction with Lieutenant O'Malley and Captain LeFever, other than when some unusual incident or constant watch occurs on your shift, do you have other types of interactions with them?

A. Yes. If I'm in a training day, the lieutenant is one of our training officers.

Q. Any other interaction?

A. If I'm doing overtime and I happen to see him.

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Q. Any other interactions?

A. If there is -- if I remember, I'll bring it up.

Q. Okay.

Q. Have you ever been disciplined or counseled?

A. No. Nothing formal.

Q. Has anybody ever formally or informally told you that anything you did was against county policy?

A. No.

Q. Did anybody ever tell you verbally or in writing, formally or informally, that you did something that violated any procedures, rules or violations?

A. No.

Q. Did anybody indicate to you that there was any kind of action, disciplinary action being contemplated against you?

A. Yes. In reference to this case, yes.

Q. When were you first told that?

A. Well, just when the incident happened, there's an investigation going on.

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It's a given. I wasn't officially notified, but I understood there was one started at that point May 20th. November 20th, the 18-month period was coming up. And I believe the Friday before that just past. This past November, I was given a piece of paper to sign saying that I would accept an extension of an investigation concerning any violations of policy and procedure.

Q. Who gave you that paper to sign?

A. That was Sergeant Marrow, and I came in on A line before. A line. It was probably 11:00 or five to 11. I signed a piece of paper. He took it. He gave me the paper. I signed it. He took it. Sergeant Marrow took it, brought it in an envelope and I believe he brought it to the captain. Captain LeFever's door which was locked and slid it under there.

Q. And that paper extended the time that they could bring charges against you?

A. From 18 months to two years.

Q. Did it specify what the nature of the charges would be?

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LOUIS LaPOLLA**A. I'm not sure if it did or not.****Q. Did it indicate that it related to the incident involving Spencer Sinkov?****A. Yes.****Q. Did you consult with anybody prior to signing that?****A. Yes. I called the union lawyer, and I spoke with Jim Randazzo.****Q. Did you speak with Mr. Baumgardner?****A. Yes.****Q. Has anybody told you as to where that stands as of today?****A. No.****Q. From time to time as a sergeant on the midnight shift, do you go into the North Housing Unit?****A. Yes. I actually check each unit twice a shift.****Q. Do you have any requirements to sign off on any logbook or documents when you do your checks?****A. As far as a requirement, I sign to make sure that I was there. I also use****COMPU-TRAN SHORTHAND REPORTING**

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LOUIS LaPOLLA**the -- at that time, we were using the Morse Watchman. It's a recording device. I would put my code in and do the check and sign the book.****Q. Have you ever provided any training to your subordinates?****A. Provided training?****Q. Yes.****A. Not in an official capacity.****Q. Have you ever instructed anybody as to what should be done on a routine check as opposed to a 15-minute check?****A. No. Not to my knowledge. I don't remember giving anybody instructions.****Q. Have you ever given anybody any directions as to what's supposed to happen?****A. 15 and any check, you have to make sure the person is breathing and they're in well -- they're alive. They're not doing anything to try to hurt themselves or they're not in distress medically or physically or anything like that. Verbally, I've said it, but not in an official training class.****COMPU-TRAN SHORTHAND REPORTING**

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LOUIS LaPOLLA**Q. With respect to the 15-minute checks, how, if at all, do they differ from the routine 30-minute checks?****A. They're the same -- they're done more frequently, and on the hour, you're supposed to write down what the person is doing. If they're doing anything from lying down, to using the toilet. And also, on any supervision, if anybody is doing anything out of the ordinary, a sergeant must be notified.****Q. In terms of when you say on the hour, you're supposed to write down what the inmate is doing, do you mean on the hour as in 12:00, 1:00 or 60 minutes, every 60 minutes?****A. Within the hour and round it off so it's not on the hour, but it would be every -- the fourth check, you would write down.****Q. In your experience, have constant watches been implemented?****A. Yes.****Q. And those circumstances it would****COMPU-TRAN SHORTHAND REPORTING**

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LOUIS LaPOLLA**be one-on-one supervision of an inmate?****A. Yes.****Q. Where would the constant watches be housed?****A. They're supposed to be housed in North 2 if there's room in North 2. Usually, there is.****Q. Have you ever had any discussions with anybody about whether the Putnam County Correctional Facility has significant manpower to perform constant watches?****A. Have I questioned anybody?****Q. No. Have you spoken with anyone about that?****A. I'm not sure on that one.****Q. Did you ever speak with your subordinates about that?****A. I've spoken about having manpower, sure, but that was overall inclusive of constant watch.****Q. In terms of constant watches, is there somebody who is on each night shift who could take over the function?****A. Right now there is.****COMPU-TRAN SHORTHAND REPORTING**

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LOUIS LaPOLLA**Q.** For how long has that been true?**A.** That started -- we got extra men.**To be honest, I would have to look at the records when we got extra men and that was from staff analysis.****Q.** Do you recall how long ago? Was it a week, a month, a year?**A.** No. It's probably seven, eight months maybe, but don't hold me to that. I have to check the records.**Q.** It occurred some time in 2007?**A.** Yes.**Q.** What happened with respect to that post or position? It was created?**A.** Yeah. What happened was we created an -- originally, housing control was in charge of booking and reliefs. Now, we have a booking officer and housing control will sign in. They go down and help out with south housing. They usually split the checks. They're there just in case we get busy or someone needs a relief. The relief factor now, a booking officer can provide relief if they're not busy.

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LOUIS LaPOLLA**Q.** If there was a constant watch instituted, the person assigned to housing control would do the constant watch?**A.** For the most part, yes.**Q.** Basically, the housing control officer then would fill in where needed on a given shift?**A.** Correct.**Q.** Is that position existing only on the night shift?**A.** Right now, yes.**Q.** Did you have any involvement in any discussions about creating that position?**A.** An extra man?**Q.** Yes.**A.** I always want more people on the shift. I'm adamant about that.**Q.** Who did you speak with about that?**A.** Probably everyone.**Q.** Do you recall anyone in the administration that you spoke with?**A.** Probably the lieutenant, captain. I'm sure at sergeant meetings, union

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LOUIS LaPOLLA**meetings, I'm sure with the union, too.****Q.** Do you recall anything that you said to Captain LeFever or that he said to you about creating that additional shift or post?**A.** Nothing offhand.**Q.** Anything you recall saying to O'Malley?**A.** Basically, we need more people in case we have an emergency. If we have hospital transport, I need people on my shift.**Q.** Are there less people assigned to work in the jail on the night shift?**A.** Yes.**Q.** How many less?**A.** You'd have to do the -- on a weekend, you don't have your program officers or modified PW people. During the week, you have all that factored in with the day shift. At night, we have main, east, west, north, booking, housing control so you have six compared to eight or nine on the day shift. Eight or nine that's without the

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LOUIS LaPOLLA**program people. I mean modified PW people.****Q.** Are there additional supervisors or sergeants on the day shift?**A.** Sometimes you have two sergeants.**Q.** On the night shift, it's one? You?**A.** It's always one.**Q.** Any other differences in the staffing?**A.** Offhand right now, I don't know. Maybe I'd have to look into it.**Q.** Are you familiar with Americor?**A.** Yes.**Q.** When did they first come into the facility as far as you can recall?**A.** They're here for a few years.**Q.** Were they here when you were appointed to sergeant in August '02?**A.** They may have been. I'm not sure.**Q.** What's your understanding of their role or involvement in the jail?**A.** Their role is to handle any medical issues that come up. They would be

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the people that would say this person has to go to the hospital. Get an ambulance here now. They administer medication. They -- or screenings, they come up. They take vitals. They'll review the screening. They'll ask the inmates questions that they need to know, pertinent questions. They'll send them up to get the tuberculosis skin test on the arm.

Q. When you say that they're involved in screenings, do you mean the intake process?

A. Well, ultimately, the whole screening goes to them. They file it. They look on the medical side. If there was any questions, they could advise the officer or me and they have access to mental health routing sheets. And they can address us to let us know this person you might want to look into this further, their mental status -- they've even called for putting someone on the constant watch for alcohol.

Q. Was that on one occasion or more than one occasion that you can recall?

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A. One that I know. Rich DeMatio. That was with me and him.

Q. Is that Rich DeMatio?

A. Yes.

Q. In terms of the Americor's role in the screening process, when does it come in in relation to the inmate coming into the facility?

A. It varies because they could come into the facility when booking is busy and they'll be placed as long as they're patted down and there's no initial injuries visible or if they're collapsing and can't stand up because they're intoxicated or high, we won't take them. They'll sit in a holding cell until we get to them. And there's also an officer in that room.

Q. Is that the booking officer?

A. Yes.

Q. In terms of the screening, are they done by Americor within a set time?

A. I'm not sure of the set time. Once the booking officer is done with the screening, they will give the screening to

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Americor to review. Americor will review. They take vitals and ask some questions on whatever meds a person takes. Then they'll let us know. They'll look at the screening. Usually, they'll say this person is okay or this person needs to get his meds. We make a phone call and parents are dropping off meds at the front. Let us know, we'll get them.

Q. With respect to the screening that Americor employees do, does that occur at the booking process?

A. No. Their screening is done in the medical department itself.

Q. When an inmate comes into a facility, a new arrival, are they screened by Americor before going to the cell?

A. They do their initial check-out of the inmate, but their official screening I believe is done when they do the skin test on the arm. They'll do a medical update.

Q. And that occurs when?

A. Usually, within the first 24 hours, I believe. Maybe 48 hours.

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Q. Would that be true over the weekend as well?

A. It should be. That was my belief, I should say.

Q. What do you base your belief on? Something you observed or something else?

A. I can't tell you. I can't speculate on that right now.

Q. Initially, the Americor employees do some kind of screening and booking?

A. Yes.

Q. And that's before cell assignment?

A. Yes.

Q. Is it your understanding during that initial screening and booking, they take vitals?

A. Yes.

Q. And ask the inmates questions?

A. Yes.

Q. Anything else that they do as far as you?

A. No, not to my knowledge. If I remember something, I'll let you know.

Q. In your experience, other than the

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1
2 one time where they called for someone to be
3 on a constant watch, that was Mr. DeMatio,
4 any other occasions where Americor employees
5 have recommended a heightened level of
6 supervision above routine?

7 **A. I believe they have, but I can't**
8 **remember when.**

9 **Q.** Is there any requirement for the
10 correction officers, either booking officer
11 or anyone else, to consult with Americor
12 staff before the level of supervision is
13 determined?

14 **A. Not to my knowledge.**

15 **Q.** You indicated that ultimately the
16 screening form which includes the medical
17 intake and the suicide screening goes to
18 medical; correct?

19 **A. Correct.**

20 **Q.** Do you know when in terms of
21 timing, like hours, days?

22 **A. It would be hours. It would**
23 **vary. What happens, that packet with the**
24 **pedigree has the charges and all that stuff**
25 **is entered into the JMS computer. The**

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1 **booking officer has to type it up before**
2 **they drop it off. Sometimes they get it**
3 **done before the inmate is placed into the**
4 **cell, sometimes it's after.**

5 **Q.** But it would be within hours?

6 **A. Yes.**

7 **Q.** Is someone from Americor in the
8 facility 24 hours a day, seven days a week?

9 **A. Yes.**

10 **Q.** When the form goes to the Americor
11 or medical area, do you know how it's
12 delivered? Is it in a sealed envelope, is
13 it in person, is there any discussion?

14 **A. It should be in person. If**
15 **there's discussions that happen, it may**
16 **happen; but if I'm not there, I can't tell**
17 **you.**

18 **Q.** Are you aware of any requirement
19 when the booking officer is administering
20 the Suicide Screening Guidelines, if it's a
21 score of eight or higher, they're required
22 to notify you as the tour supervisor?

23 **A. Yes.**

24 **Q.** Is that a written policy in Putnam
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1 County, as far as you know?

2 **A. I believe it's somewhere in all**
3 **the paperwork or the books. I believe it's**
4 **somewhere.**

5 **Q.** In addition to that, if an
6 individual inmate answers yes in any of the
7 shaded areas on the suicide screening, the
8 booking officer is required to notify you?

9 **A. Immediately.**

10 **Q.** Finally, if there is some concern
11 on the booking officer's part, irrespective
12 of the score and irrespective of the shaded
13 boxes, they would be required to notify you
14 as the supervisor?

15 **A. Sure. Especially if someone is**
16 **on the fence. Is he routine, is it 15? If**
17 **they're not sure, they would call, yes.**

18 **Q.** And you said that notification is
19 supposed to be immediate?

20 **A. Yes.**

21 **Q.** Is it required to be in writing or
22 verbal or both?

23 **A. I believe it's supposed to be in**
24 **writing when they forward it.**

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1 **Q.** In practice, how does that carry
2 out? An inmate is in booking. The booking
3 officer administers the guidelines and let's
4 say a score of eight, how do they go about
5 notifying you?

6 **A. They'll call me by radio.**
7 **Sergeant, we might have a problem in booking**
8 **with the screening. You need to come in**
9 **here.**

10 **Q.** What happens after that?

11 **A. I'll report in, and I'll review**
12 **the screening, talk to the inmate.**

13 **Q.** And you would yourself personally
14 talk to the inmate?

15 **A. Yes.**

16 **Q.** Then what happens?

17 **A. Generally, I err on the side of**
18 **caution. If the person is on the fence with**
19 **constant supervision, he's on constant**
20 **supervision.**

21 **Q.** Who ultimately has the call as to
22 whether heightened level of supervision
23 would be instituted?

24 **A. To be honest with you, any**
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officer can say this person needs to be on constant supervision. Me myself, if medical says this person needs to be on one-on-one supervision, they will be on one-on-one supervision.

Q. And a booking officer can make that determination?

A. Yes.

Q. And you can also?

A. Yes.

Q. Can you as the sergeant, the superior, overrule a booking officer's recommendation for a lower level of supervision?

A. Can I overrule it, yes.

Q. Have you ever done that?

A. I don't remember ever overruling, putting them on a higher watch. I don't remember ever doing that.

Q. In terms of the booking officer making a determination to put someone on a 15 minute or constant watch, are you required to be consulted prior to the cell assignments in those cases?

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A. It varies. It varies. For example, Mr. Sinkov's case, I was in the booking room. I had an understanding when he came in. If I didn't go into that room and didn't see him, I would make sure I would go in there and see the inmate before he's put in the cell assignment.

Q. In that case with Mr. Sinkov, you were aware that he was placed on a 15-minute watch?

A. Correct.

Q. Was that before he was put in his cell?

A. Yeah. Before he was put in the cell, it was radioed to me. As far as I believe, he was being transported or escorted to cell seven. And Officer Vasaturo radioed that to me.

Q. Are you aware of any policies or procedures currently in place in the Putnam County Correctional Facility with respect to whether an inmate is supposed to be placed on a heightened level of supervision if they score eight or higher on the Suicide

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LOUIS LaPOLLA

Screening Guidelines?

A. There's nothing written as far as an exact number to an exact supervision.

Q. Are you aware of any regulations at the level of the State Commission of Correction with respect to whether an inmate should be placed on a constant supervision if they score eight or higher?

A. Sitting here today, yes. I've seen that form that you've shown before, minus the set of instructions.

Q. Prior to today when you sat through Officer Vasaturo's deposition, are you aware of any regulations the State Commission of Corrections has pertaining to constant watches should be implemented for individuals who score eight or higher on the form?

A. My understanding is in all honesty, that the Commission of Correction does not recognize 15 minutes. That's what stood out of the whole thing when I looked at the form. It was either routine watches, which is checked on a half hour or

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one-on-one.

Q. Are you aware of any regulations with respect to the State Commission of Correction that provides for a 15-minute watch?

A. I'm not aware of any.

Q. So, your understanding as you sit here today, is that if an inmate scores eight or higher on a Suicide Screening Guidelines, according to the State Commission, routine supervision is not enough? There's no 15-minute check so it would have to be constant?

A. According to the state.

Q. When you said that you saw the form earlier, were you referring to Plaintiff's 1, the ADM-330?

A. Yes.

Q. Had you ever seen that form before today?

A. I may have in the training class. I couldn't tell you 100 percent. There's numerous training classes that I've attended. It could have been in the packet.

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LOUIS LaPOLLA

1 **Q.** With respect to the forms that you
2 saw in training, do you recall if it had the
3 language noted under action, in substance, a
4 core of eight or higher or shaded box is
5 checked, notify supervisor immediately and
6 initiate constant watch?

7 **A.** Our form is pretty much
8 everything except for the institute constant
9 watch.

10 **Q.** When you were in the training
11 classes that you referenced, did it have a
12 statement on the form that you saw during
13 those classes with respect to instituting
14 constant watch?

15 **A.** I don't remember.

16 **Q.** You never saw the second page
17 which is the instructions?

18 **A.** I don't remember. I don't recall
19 seeing the second sheet.

20 **Q.** Were you aware of any written
21 policies in the Putnam County Correctional
22 Facility regarding placing an inmate on a
23 heightened level of supervision if they
24 answer yes in any of the shaded boxes?

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1 **A.** If they answer yes, you notify a
2 supervisor. In my opinion, that's a
3 heightened --

4 **Q.** So what would occur in terms of
5 the practice in the facility since you've
6 been sergeant as to what level of
7 supervision would be instituted where an
8 inmate has a yes in a shaded box?

9 **A.** I would talk to the inmate first
10 and talk to my officer. Sometimes the
11 questions come out, the inmate may answer it
12 incorrectly. They may not have understood
13 the question. Or maybe they changed their
14 mind after talking to him for a little bit.
15 Sometimes people need to calm down a little
16 bit when they first initially come in.

17 **Q.** If after speaking with the inmate
18 it's your opinion that a heightened level of
19 supervision is required, what level is that?

20 **A.** Heightened constant watch.

21 **Q.** Did you ever receive any training
22 or instruction that with respect to the
23 Suicide Prevention Screening Guidelines, the
24 purpose of the form is to notify correction
25

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LOUIS LaPOLLA

1 officers of individuals who are at high risk
2 for suicide?

3 **A.** Yeah. That's what the training
4 is supposed to do.

5 **Q.** In your experience in the Putnam
6 County Correctional Facility, has anybody
7 differentiated in any of your training or
8 instruction between someone who's at high
9 risk for suicide and the term suicidal?

10 **A.** Not to my knowledge.

11 **Q.** There's no difference as far as
12 you?

13 **A.** No. As far as I'm concerned,
14 they both go on constant supervision.

15 **Q.** Has that been true since August of
16 '02, that they both would be going on
17 constant supervision?

18 **A.** If I'm aware, yes.

19 **Q.** Were you ever advised of any
20 situation where an inmate scored as a high
21 risk on the Suicide Prevention Guidelines,
22 meaning they had eight or higher or a shaded
23 box checked, and they were not placed on
24 constant watch?

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LOUIS LaPOLLA

1 **A.** I don't know if eight or higher.
2 But the embarrassment question, a lot of
3 times that's observation for somebody. What
4 kind of position they hold in the community.
5 If they're really overly upset to the point
6 where they can't function or answer any
7 questions because they're so overwhelmed,
8 that could be constant supervision. That's
9 one question that could be split. You can
10 go either way on those ones.

11 **Q.** Other than that question, any
12 others?

13 **A.** No.

14 **Q.** In terms of the score, if someone
15 has eight or higher, in your experience in
16 your practice as a sergeant, what level of
17 supervision do you institute?

18 **A.** It varies because the eight, it
19 could hit on different numbers or questions,
20 I should say.

21 **Q.** Are you aware of any facility
22 policies that require if someone has a score
23 of eight or higher, they be placed on
24 constant supervision?
25

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LOUIS LaPOLLA

1
2 **A. No.**
3 **Q.** Were you aware of any policy
4 changes that came down in or about August of
5 2006?

6 **A. Yes.**

7 **Q.** What were you aware of?

8 **A. I came in August 4th going into**
9 **the 5th, night shift. Sergeant Greno said**
10 **this policy and procedure needs to get put**
11 **in the sergeant book. It was put into all**
12 **the others - north, south, east, west. All**
13 **the other ones were put in. I happened to**
14 **look at it, and I looked at the policy it**
15 **was replacing, and I said there's a pretty**
16 **big difference here.**

17 **Q.** What was the differences? Tell me
18 what the old policy said.

19 **A. Basically, that 15 -- I'd have to**
20 **say it verbatim. I'm horrible --**

21 **Q.** In substance?

22 **A. Basically, you check the person**
23 **every 15. That you have to have -- be able**
24 **to see the person without any electronic**
25 **devices and be able to immediately respond**

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LOUIS LaPOLLA

1 **to any emergency situation or respond to the**
2 **situation.**

3 **Q.** What did the new policy say?

4 **A. It basically said the same thing,**
5 **but then there was added in number one, 15**
6 **minute supervision will not be used as a**
7 **suicide prevention or something to that**
8 **effect.**

9 **Q.** So what's your understanding of
10 the policy since August 4, 2006?

11 **A. That anybody that would be -- if**
12 **you were to put on a P-1 memo that someone**
13 **is on a 15 due to anything other than a**
14 **specific drugs or alcohol, if they put on**
15 **answers during the screening, you know, the**
16 **booking screening that we're going over,**
17 **then that would be constant.**

18 **Q.** So since August 4, 2006 and
19 correct me if I'm wrong, if somebody is
20 placed on a heightened level of supervision
21 because of answers given on the Suicide
22 Prevention Screening Guidelines, the new
23 policy says constant watch must be
24 implemented?

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LOUIS LaPOLLA

1 **A. The new policy says constant --**
2 **15 minute supervision will not -- is not**
3 **used as a suicide deterrent or prevention.**

4 **Q.** What's left then if the answers on
5 the suicide screening are of such that it
6 shows the inmate is a high risk for suicide?
7 If you can't use 15 minutes, what do you do?

8 **A. Go to constant supervision.**

9 **Q.** That's your understanding of the
10 policy since August 4, '06?

11 **A. Correct.**

12 **Q.** Did anybody provide you with any
13 specific instructions with respect to the
14 new policy?

15 **A. As far as?**

16 **Q.** I don't know. Any training, any
17 directives, any indication of how it should
18 be carried out?

19 **A. No. Just handed -- well,**
20 **actually, I was told it was sitting by the**
21 **book, and I put it in and checked it.**

22 **Q.** Did any subordinates of yours have
23 any conversations with you about the new
24 policy?

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1 **A. Of course I went to Officer**
2 **Vasaturo and said, are you aware of this.**

3 **Q.** Why did you go to him?

4 **A. Because we're sitting right here**
5 **now. That's basically it.**

6 **Q.** What did he say to you?

7 **A. That's something. Something to**
8 **that effect.**

9 **Q.** Do you recall anything else that
10 you said or that he said?

11 **A. No. It's going back a ways.**

12 **Q.** Did you speak with him on or about
13 that date August 4, '06?

14 **A. He worked that same shift, so**
15 **yes. The 4th into the 5th.**

16 **Q.** With respect to Article 15 which
17 was marked as Exhibit 2, did you ever see
18 that before or any portion?

19 **A. I'm sure I have.**

20 **Q.** Do you know what that is?

21 **A. Yeah. It's from our red books.**
22 **The rules, regulations, articles of**
23 **administration.**

24 **Q.** Is that red book something you're

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permitted to take home with you?

A. Yeah. I was issued one.

Q. Do you know if in connection with the policies and procedures, this was effective in any way?

A. I'd have to compare them.

Q. In this document on the second page, it refers specifically to the ADM-330 if you look at small letter B on the top?

A. ADM-330, yes.

Q. That form is not the form that's used in Putnam County; correct?

A. You made me aware of that, yes.

Q. Did anybody ever indicate to you any reason why the ADM-330, the New York State Commission of Correction form is not used in Putnam County?

A. No.

Q. Take a look if you would at Exhibit 3 which is the SOJ-32. Is that the form used in Putnam County for suicide screening since you've been sergeant?

A. This is part of the packet, yes.

Q. But that's the suicide screening

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form?

A. Yes.

Q. That's actually used; correct?

A. Yes.

Q. Has that form been modified or changed in any way?

A. Not to my knowledge.

Q. Did anybody ever discuss with you why that form differs from the Commission of Correction form on suicide screening?

A. I don't recall.

Q. Did anybody ever discuss with you why the portion referring to constant watch being instituted was removed from the Commission of Correction form and not put on the SOJ-32?

A. I don't know.

Q. Are you aware of whether there are any detox programs available to inmates that come in under circumstances where they have a drug or alcohol program?

A. Americor. I believe, they try to contact or if the person themselves had a program, but it would be through medical.

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That's how it would go. There's also program request sheets that an inmate could fill out, saying they wanted to attend AA or substance abuse programs?

Q. In terms of the physical symptoms of withdrawal, the Americor staff would be responsible for dealing with those?

A. Well, they would be responsible to appoint, but they're not conducting the checks. If an officer is conducting a check and notices someone violently ill, they're going to report it to the supervisor and medical and then they would take it from there.

I'm sorry. You said before about the policy. The substance abuse program, there's alcohol. Those are programs affiliated with -- medical doesn't have to be involved with that. It could be an officer could let me know.

Q. In terms of individuals who come in under the influence of alcohol or drugs, have you ever been trained in how to assess them appropriately as part of the booking or

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intake process?

A. Well, observations is one. Like I said earlier, if a person can't stand up, they had too much in their system, we can't treat that. Again, if they become violently ill, we notify medical. It's more of observations than any formal -- we don't get involved. We notify.

Q. Were you working at the facility when Norberto Rivera was an inmate there?

A. I wasn't on that -- I don't know if it was a past day or vacation, but I wasn't in the facility when it happened.

Q. Were you involved in any way in his intake --

A. No.

Q. -- as a supervisor?

A. I don't believe so. I'd have to go back. I don't believe I was involved.

Q. Were you aware that he was on constant watch -- on 15-minute supervisory checks?

A. I'd have to go back to see, because I don't know if I was on vacation

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LOUIS LaPOLLA**during that period of time or not.****Q.** Do you have any recollection of Norberto Rivera?**A.** In all honesty, no. I know the name but I can't put a face.**Q.** Following Norberto Rivera committing suicide, were you questioned?**A.** No.**Q.** Were you aware of an investigation that was being conducted?**A.** Any time there's a suicide or death, there's an investigation.**Q.** Were you involved in any way in the investigation, coordinating it, anything?**A.** No.**Q.** Nobody ever asked you any questions pertaining to Mr. Rivera?**A.** Not to my knowledge.**Q.** Did you ever come to learn at any point in time that there was any concern about Officer Vasaturo rounding off the times in the logbook?**A.** No.

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LOUIS LaPOLLA**Q.** Did you ever see Exhibit 13 which is a November 2, 2006 anonymous letter?**A.** It's the first time.**Q.** With respect to the statements contained in that letter, specifically paragraph one on the first page referring to captain running around updating the logbooks, did you ever observe that?**A.** Where was that?**Q.** First paragraph.**A.** I'm sorry. Did I ever witness that?**Q.** Yes.**A.** No.**Q.** Did anyone ever tell you they had seen that?**A.** I don't remember anybody telling me updating logbooks, no.**Q.** Did anybody ever indicate to you -- withdrawn.

Did you ever observe them coming out with any policies and procedures?

A. The new policy and procedure that I was -- back in August of '06. It was

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LOUIS LaPOLLA**August 4th. That was a new policy and procedure that came out.****Q.** Any others that you were aware of?**A.** In regard to the suicide prevention or the watches, I don't recall offhand.**Q.** The second and third paragraph refers to the program officer and the fact that the North Housing Unit post has to cover that program officer position when the program officer is absent?**A.** That's correct.**Q.** Has that been true the entire time you've been sergeant?**A.** Yeah. Pretty much the entire time I've been employed.**Q.** That would be true on nights and weekends?**A.** Yes.**Q.** Have you ever as part of your concerns regarding staffing, indicated to anyone a problem that you see with North Housing Unit post covering the program officer's duties?

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LOUIS LaPOLLA**A.** I may have said something on speculation, because I was very big on staff analysis. I don't recall specific that.**Q.** Do you recall having any discussions with Lieutenant O'Malley or Captain LeFever about that specific issue?**A.** We may have at a sergeant meeting. I don't recall.**Q.** Do you know if anything is being done as part of any staffing analysis with respect to that?**A.** We've been hiring people. I have another person on at night.**Q.** Would that person have responsibility for covering the program officer's duties?**A.** Well, on the midnight shift, there's no programs that are going on.**Q.** Do you recall when you attended any training that related in any way to suicide prevention?**A.** The dates, I couldn't. I had one last year. Every year, we're supposed to have it.

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Q. Do you recall if you've attended any since you've become the sergeant other than last year?

A. Yeah. Yes. There was one prior to -- was it March? I believe it was March of '06.

Q. Prior to that, did you have any training on suicide prevention?

A. Like I said, every year. From basic, about 13 years ago or maybe 12 years ago to now, every year we're supposed to have it. There may have been a year that it wasn't done, but usually, it's done every year.

Q. With respect to Spencer Sinkov, do you recall as you sit here today when he came into the facility on May 20, 2006?

A. I recall when he came -- the specific time, I'm not sure, but I remember when he came in.

Q. Do you remember interacting with him?

A. Yes.

Q. Can you tell us when in terms of

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the booking process you had interactions with Spencer?

A. I witnessed Officer Matias pat him down. He didn't give anybody a problem. He went into a holding cell number three. He was next to -- well, at the time, it was an arrestee Thompson. He didn't see a judge yet. I did the pedigree. I took it off the arrest sheet. I know he was standing up on the bench. I asked him to please step down. He did. He was polite. I let him know he was going to get booked and processed. And then he would be able to get a phone call. He said thank you. Very polite. Officer Vasaturo told me the joke. He laughed about it.

Q. The joke about him urinating?

A. Yeah, yeah.

Q. Anything different that you recall other than what Vasaturo testified to?

A. No.

Deputy Kristan, he made the statement about this guy thinks selling heroin or dealing drugs is like working at a

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LOUIS LaPOLLA

bar. He doesn't think it's anything, to that effect.

Q. Did you hear Kristan say that?

A. Yes.

Q. Was Vasaturo present at the time?

A. Yes.

Q. And Kristan was supposedly reporting what Spencer had said in Kristan's presence?

A. He may have or he may have repeated himself out loud. I couldn't speculate on that.

Q. Do you recall hearing Spencer say anything about that or to that effect?

A. No, no.

Q. Did you hear any communications between Spencer and Thompson?

A. Yes.

Q. What did you hear?

A. Something to the effect, Mr. Sinkov was a little upset that Mr. Thompson -- but he wasn't making it out loud. Looks like I'm going to be taking most of the blame for this one. He seemed

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like -- my opinion was, he was a bit agitated at Mr. Thompson.

Q. Do you recall what, if anything, Thompson said?

A. No, I don't recall.

Q. Did you hear any of the Putnam County Sheriff's Department employees speaking with Spencer at any time?

A. If I did, I don't recall.

Q. Do you recall anybody discussing anything in Spencer's presence or with him about what type of sentence he was facing or jail time or anything to that effect?

A. I don't recall anything to that effect.

Q. Do you recall anybody asking Thompson any questions about Spencer?

A. If it happened, I don't remember.

Q. Do you recall any of the Putnam County Sheriff's Department employees asking Thompson anything about whether they should be worried about Spencer?

A. I don't recall that.

Q. When was the first time that you

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1 actually spoke with Spencer? Was it while
2 he was in a holding cell?

3 **A. Yes. I asked him to please step**
4 **down from the bench.**

5 **Q. Other than him indicating or doing**
6 **it, did you say anything else to him, or did**
7 **you say anything else?**

8 **A. I told him he was going to be**
9 **booked. He'd be processed. He'll be given**
10 **a phone call. He said thank you.**

11 **Q. When was the next time that you**
12 **actually spoke with Spencer?**

13 **A. He was getting his -- I believe**
14 **they were taking him to his fingerprints.**
15 **It was either Officer Matias or Connelly. I**
16 **forget which one of the two did it. I**
17 **believe I asked him about the heroin or what**
18 **do you do and how much do you do.**

19 **He said a lot.**

20 **I said, are you going to have any**
21 **problems with withdrawal?**

22 **And he said no.**

23 **I said, are you sure?**

24 **He said no. Do you have a**

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1 methadone program?

2 **I said generally no. Are you**
3 **sure you're going to be okay?**

4 **He said he would be okay.**

5 **I did hear -- I didn't hear what**
6 **started it, but I did hear him say something**
7 **about being in a band. I believe whoever**
8 **was taking his fingerprints said something**
9 **about his fingers.**

10 **Q. Did you observe any marks on him?**

11 **A. I don't recall.**

12 **Q. Do you recall seeing any**
13 **indication that he had used heroin?**

14 **A. You know what, honestly I didn't**
15 **ask him if he injected or snorted.**

16 **Q. With respect to asking him about**
17 **heroin, what prompted you to do that?**

18 **A. His charges. I believe either**
19 **deputy or someone, I must have heard someone**
20 **in there talking about heroin.**

21 **Q. When he said that he did a lot,**
22 **did you follow-up and ask him what that**
23 **meant?**

24 **A. No, I didn't, ma'am.**

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LOUIS LaPOLLA

1 **Q. Did he indicate in any way?**

2 **A. No, he didn't.**

3 **Q. Did you ask him at any point in**
4 **time for how long he had been doing heroin?**

5 **A. I don't recall.**

6 **Q. Have you ever observed inmates**
7 **withdrawing from heroin on other occasions?**

8 **A. Yes.**

9 **Q. Have you ever observed inmates**
10 **withdrawing from heroin who show no symptoms**
11 **of withdrawal?**

12 **A. I'd have to think about that one.**
13 **I'm trying to --**

14 **Q. Do you recall any as you sit here**
15 **today?**

16 **A. I think there is one offhand that**
17 **I think of that --**

18 **Q. Do you recall that inmate's**
19 **initials?**

20 **A. I think it was E.M.**

21 **Q. Do you recall with respect to that**
22 **inmate, if you asked the person any**
23 **questions about how much heroin he was**
24 **doing?**

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1 **A. I don't remember. In general, I**
2 **usually go up to get a feel of what's going**
3 **on and I'll ask the inmates, are you going**
4 **to be okay. Let them know they're going to**
5 **be booked. Give them a little talk. I**
6 **guess, orientation. Something to let them**
7 **know that they're going to be -- you know.**

8 **Q. In terms of your training and**
9 **experience with respect to individuals who**
10 **use a lot of heroin, have you ever been**
11 **given any kind of instruction on what to**
12 **observe, what to look for?**

13 **A. If I have in all honesty, I'm not**
14 **recalling it now. I just know from**
15 **experience with being sick, being violently**
16 **ill.**

17 **Q. In terms of your experience, do**
18 **you have any understanding as to when those**
19 **symptoms will begin?**

20 **A. I believe it's the first 48**
21 **hours, but I'm not 100 percent sure.**

22 **Q. As of the time that Spencer was in**
23 **the intake process, do you know when the**
24 **last time was that he had used any**

25 **COMPU-TRAN SHORTHAND REPORTING**

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1
2 substances?

3 **A. I think it was 24 hours.**

4 **Q. Was that something he said to you**
5 **or something that was --**

6 **A. Something that I heard in there,**
7 **in the room.**

8 **Q. Do you recall who told you that?**

9 **A. No. I think I just heard in**
10 **general. I don't know.**

11 **Q. Was there anything else that you**
12 **specifically said to Spencer or that Spencer**
13 **said to you or in your presence while in the**
14 **booking area?**

15 **A. I just asked him if he was going**
16 **to getsick. I'm repeating myself. I**
17 **didn't ask him -- like I said, I looked at**
18 **him and he looked okay. I've seen heroin**
19 **addicts enough in my career to know he was**
20 **definitely aware of his surroundings. He**
21 **did not appear to be withdrawing. He wasn't**
22 **shaking. He wasn't nauseous or wasn't**
23 **claiming to be nauseous. He said he was**
24 **going to be okay.**

25 **Q. In terms of Spencer's intake,**

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1 anything else that you said to him or that
2 he said to you other than what you just
3 testified to?

4 **A. I don't remember anything else.**
5 **If I do, I'll let you know.**

6 **Q. After the booking process, did you**
7 **have any interactions with Spencer?**

8 **A. Not conversation wise. But I**
9 **believe it was 3:30, 3:40. I'm going from**
10 **what you had before. I did do a check. One**
11 **of my two checks. I had done a check prior**
12 **to him going down in North Housing, and my**
13 **second check he was down in cell seven.**
14 **Lying down.**

15 **Q. Do you specifically recall that?**

16 **A. Yes.**

17 **Q. Was he awake?**

18 **A. I couldn't tell you if he was**
19 **awake or not. He was laying down. I**
20 **couldn't see if he was sleeping or not, but**
21 **he was breathing.**

22 **Q. Did you speak with him?**

23 **A. No.**

24 **Q. Other than what you've described,**

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1 any other conversations or statements that
2 you made or that Spencer made?

3 **A. Not to my recollection.**

4 **Q. At any point in time on May 20,**
5 **2006, did you have any knowledge of any**
6 **prior rehab or efforts to detox that Spencer**
7 **Sinkov underwent?**

8 **A. I'm not 100 percent sure on that**
9 **one. I know he was -- I mean, I was aware**
10 **that he was on heroin; but I'm not sure if I**
11 **remember -- I'm not sure if I was told at**
12 **that time or made aware.**

13 **Q. Again on May 20, 2006, were you**
14 **made aware either from Spencer or anyone**
15 **else about any medications that Spencer was**
16 **taking?**

17 **A. No. I don't remember.**

18 **Q. Did you have any conversations**
19 **with Spencer about any type of rehab**
20 **treatment, anything like that?**

21 **A. He just asked if there was**
22 **methadone program. I said generally no.**
23 **And that was it. That was the extent of the**
24 **conversation.**

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1 **Q. At that time, what did you**
2 **understand methadone to be or be used for?**

3 **A. It's a very controlled medication**
4 **used for withdrawal from heroin.**

5 **Q. On what did you base your**
6 **statement that we generally don't have that**
7 **type of thing?**

8 **A. Just a conversation with Nurse**
9 **DeMatio. I don't remember the date, but it**
10 **was from someone else that wanted methadone.**
11 **I was informed it wasn't an official written**
12 **down thing. That generally they don't do it**
13 **because it's such a controlled medication.**
14 **Usually, they use librium.**

15 **Q. Did you tell Spencer at any point**
16 **in time that there were alternatives?**

17 **A. No, ma'am.**

18 **Q. Such as librium?**

19 **A. No, ma'am.**

20 **Q. Do you recall when you had the**
21 **conversation with Nurse DeMatio?**

22 **A. No, ma'am.**

23 **Q. Was it before May 20, '06?**

24 **A. Yes.**

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1 **Q.** Did you ever speak with any of the
2 officers who transported Spencer about their
3 observations of Spencer?

4 **A. I based it on from Deputy**
5 **Kristan -- I'm not 100 percent sure if he**
6 **was the one transporting -- he made one**
7 **comment about being the bartender.**

8 **Q.** Other than that?

9 **A. No. Not to my recollection.**

10 **Q.** Take a look, if you would, at
11 Exhibit 3 which is the suicide screening
12 form pertaining to Spencer Sinkov. When is
13 the first time you saw that?

14 **A. When I gave my statement.**

15 **Q.** To?

16 **A. Investigator Nappi.**

17 **Q.** Did Nappi have it with him at that
18 time?

19 **A. Uh-huh.**

20 **Q.** You have to say yes or no?

21 **A. I'm sorry; yes.**

22 **Q.** This would have been after Spencer
23 committed suicide?

24 **A. That's correct.**

25 **COMPU-TRAN SHORTHAND REPORTING**

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LOUIS LaPOLLA

1 **Q.** Do you recall any questions being
2 asked of you about that suicide screening
3 form for Spencer Sinkov?

4 **A. I'm not 100 percent sure. I**
5 **don't remember.**

6 **Q.** When you saw that suicide
7 screening form after Spencer's death, were
8 you surprised that Vasaturo had not brought
9 it to your attention?

10 **A. Yes.**

11 **Q.** Had you ever had that experience
12 with Vasaturo or any other correction
13 officer before?

14 **A. No.**

15 **Q.** Did you ever speak with Vasaturo
16 about why it is that he didn't give you the
17 information or actually physically give you
18 the form?

19 **A. Yes.**

20 **Q.** What did you say to him, and what
21 did he say to you?

22 **A. Actually, I said in passing**
23 **between the statements, I said why didn't**
24 **you inform me.**

25 **COMPU-TRAN SHORTHAND REPORTING**

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LOUIS LaPOLLA

1 **Q.** Did you have an opportunity to
2 review that at the time that Nappi gave it
3 to you?

4 **A. Yes.**

5 **Q.** Did you have any conversations
6 with Nappi about the contents of that form?

7 **A. I don't recall the exact -- the**
8 **whole interview. I gave the statement, but**
9 **I don't recall the specifics. I do know**
10 **that I stated that I wasn't informed of how**
11 **high the score was and the shaded areas.**

12 **Q.** Was anybody else present when you
13 gave the statement to Nappi?

14 **A. I believe Captain Hasmer. At**
15 **that time, Investigator Hasmer.**

16 **Q.** In terms of the format of the
17 statement, were you asked any specific
18 questions?

19 **A. You know, what I believe he said.**
20 **Tell me what happened that night or**
21 **basically who was in charge, who was**
22 **booking. How does this go. You know, I was**
23 **pretty much answering questions and he was**
24 **typing.**

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LOUIS LaPOLLA

1 **Q.** What did he say?

2 **A. He couldn't answer me.**

3 **Q.** He didn't say anything?

4 **A. He said, I don't know.**

5 **Q.** Did you have an understanding as
6 you look at Exhibit 3 that based on the
7 score of ten, Vasaturo was required by
8 Putnam County policy to notify you of that
9 score?

10 **A. Yes.**

11 **Q.** Did you have an understanding by
12 reason of the shaded boxes, three of them
13 being checked in the yes column, that
14 Vasaturo was required to notify you of that?

15 **A. Yes.**

16 **Q.** Did you at any point in time speak
17 with Vasaturo about whether or not the
18 checks or the statements on that were
19 accurate or inaccurate?

20 **A. I didn't talk to Officer Vasaturo**
21 **for a while about this. To be honest with**
22 **you, he made a general statement at one**
23 **time -- I couldn't tell you exactly when --**
24 **that he made a lot of mistakes on the**
25 **COMPU-TRAN SHORTHAND REPORTING**

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LOUIS LaPOLLA

1 screening. And the first time I ever saw
2 him point out the mistakes was -- I don't
3 know when, we sat down a couple weeks ago.

4 Q. With your attorney?

5 A. Yes.

6 Q. Other than what you discussed with
7 your attorney, did you have any
8 conversations with Vasaturo about any
9 inaccurate checks or comments that he wrote
10 on Exhibit 3?

11 A. I don't remember any specifics.
12 I was just very surprised and taken back
13 because he always notifies.

14 Q. On May 20, 2006, would you have
15 considered that to be busy in terms of
16 booking?

17 A. Yeah. It was a busy night.

18 Q. Do you recall how many intakes you
19 had?

20 A. It was busy with arrests. I
21 believe there was only a couple commitments,
22 but it was busy with arrests. We assist
23 also the deputies in the booking room with
24 processing, pat down, photographs,

25 COMPU-TRAN SHORTHAND REPORTING

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LOUIS LaPOLLA

1 fingerprints, property intakes.

2 Q. On May 20, 2006 prior to the time
3 that Spencer committed suicide, had anyone
4 communicated to you anything about the score
5 on the Suicide Prevention Screening
6 Guidelines?

7 A. The score? I just remember
8 getting the radio transmission that he was
9 on 15.

10 Q. That was from Vasaturo?

11 A. Yes.

12 Q. Did Vasaturo say anything other
13 than he was placing Spencer on the 15-minute
14 watch?

15 A. Just that he was on the 15. It
16 was my understanding it was from withdrawing
17 from drugs, from heroin.

18 Q. That's what Vasaturo told you?

19 A. I don't recall the specifics, but
20 that was what was inferred.

21 Q. That's what you inferred?

22 A. Yes.

23 Q. Do you recall if you inferred that
24 because of your knowledge that Spencer was
25

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LOUIS LaPOLLA

1 doing heroin, or if you inferred it because
2 of something Vasaturo said?

3 A. It was probably both.

4 Q. That's your best recollection?

5 A. Yes, ma'am.

6 Q. Did Vasaturo say anything to you
7 on May 20, 2006 about the suicide screening
8 form answers?

9 A. I can't recall anything specific
10 except that he was on for drugs.

11 Q. But nothing more specific about
12 the answers or the score or the shaded
13 boxes?

14 A. Not to my recollection, no.

15 Q. In terms of the county's policy
16 back in May '06, is the correction officer
17 in booking required to provide you with a
18 Suicide Screening Guideline form before cell
19 assignment?

20 A. If the score is that high or
21 shaded areas are hit, he's supposed to
22 forward the paperwork to me, yes.

23 Q. When Vasaturo told you that he
24 placed Spencer on a 15-minute watch, did you
25

COMPU-TRAN SHORTHAND REPORTING

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LOUIS LaPOLLA

1 ask to see the Suicide Screening Guidelines?

2 A. No. My thought process was I
3 had seen him. He was there and err on the
4 side of caution.

5 Q. You didn't think it had anything
6 related to the suicide screening form?

7 A. No.

8 Q. At any time prior to Spencer's
9 death, did anyone communicate to you about
10 the answers on the suicide screening form in
11 any way?

12 A. Before the death?

13 Q. Yes.

14 A. No, ma'am.

15 Q. Do you recall having any
16 conversations with Vasaturo about doing a
17 P-1?

18 A. Yes.

19 Q. What do you recall about that?

20 A. I did say that over the radio.
21 When he said he was on a 15, I said make
22 sure a P-1 is completed and make sure that
23 the cell he's brought to has a working
24 light.
25

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LOUIS LaPOLLA

1
2 Q. What did you mean when you told
3 him make sure the P-1 is completed?

4 A. **He was on a 15 minute. Anyone**
5 **hat's put on a 15, a P-1 memo goes out.**

6 Q. Is that true if someone is put on
7 a constant watch?

8 A. **That is correct.**

9 Q. If someone is on routine
10 supervision, is a P-1 required?

11 A. **No.**

12 Q. Do you know -- withdrawn.
13 Did you ever see the P-1?

14 A. **I saw it after the fact.**

15 Q. Meaning after Spencer died?

16 A. **Yes.**

17 Q. Do you recall under what
18 circumstances you saw it?

19 A. **I went in -- usually, I go in in**
20 **the beginning of the shift and go into**
21 **briefing, flip open the P-1 book and it was**
22 **sitting there.**

23 Q. Do you have any understanding as
24 to when that P-1 was actually placed in the
25 briefing book?

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LOUIS LaPOLLA

1 A. **It had to be sometime on the**
2 **prior shift. You know, the shift that we**
3 **were working that he came in on.**

4 Q. The 11:30 to 7:30?

5 A. **Yeah.**

6 Q. When was the next time that you
7 worked after the 11:30 to 7:30 on May 19th
8 to 20th?

9 A. **I think I came in for the 20th to**
10 **21st. I think I did. I have to check my**
11 **recs.**

12 Q. Is Exhibit 4, the P-1 that you saw
13 for the first time on the A line, either May
14 20th into the 21st or sometime thereafter?

15 A. **That is it.**

16 Q. On the suicide screening form,
17 Exhibit 3 that Vasaturo completed, there's
18 an indication in 16B. It says "very laid
19 back," did you see that?

20 A. **Yes.**

21 Q. Did you ever speak with Vasaturo
22 about that statement?

23 A. **No.**

24 Q. What's your understanding as a
25

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LOUIS LaPOLLA

1 supervisor of why that was noted?

2 A. **He was calm. I wouldn't say he**
3 **was laid back. He was polite and answered**
4 **any question that was given to him. He**
5 **wasn't overly upset or overly unresponsive**
6 **to things. He was, like I said, he was a**
7 **little angry at Mr. Thompson so he did show**
8 **some emotion there.**

9 Q. In your training and experience,
10 do you have any knowledge as to whether if
11 someone appears to be, quote, "very laid
12 back," it's an indication that something
13 could be wrong?

14 MR. RANDAZZO: Objection to
15 the form.

16 You can answer.

17 A. **Maybe not in those exact words**
18 **but I'm sure -- I'm trying to think of the**
19 **word. I don't know if it's indifferent.**
20 **Maybe overly calm. Maybe that would be a**
21 **better description of someone that would**
22 **have a problem, but laid back, I don't see a**
23 **problem of that.**

24 Q. Did you ever speak with Vasaturo
25 COMPU-TRAN SHORTHAND REPORTING

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LOUIS LaPOLLA

1 as to why he wrote that?

2 A. **No.**

3 Q. In terms of the other comments
4 including references to Spencer's mother,
5 being worried about her, about the
6 girlfriend, about the brother, were any of
7 those things communicated to you prior to
8 the time that Spencer died?

9 A. **I don't recall that.**

10 Q. You see on the form where 13
11 through 15 was initially checked off in the
12 yes column and circled, initialed and
13 changed to no?

14 A. **I see it.**

15 Q. Did you speak with anyone about
16 that change, including Vasaturo?

17 A. **Those were -- when I met with the**
18 **attorneys a couple weeks ago or last week,**
19 **Officer Vasaturo went over those. And**
20 **that's when the first time I was hearing it.**

21 Q. You did see the form on May 20th
22 when you gave a statement?

23 A. **Yes.**

24 Q. Did anyone speak with you at that
25

COMPU-TRAN SHORTHAND REPORTING

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LOUIS LaPOLLA

1 time about the change?

2 **A. No. Because they're crossed off**
 3 **and they're initialed and they're changed to**
 4 **10.**

5 **Q.** Had you seen this form on May 20,
 6 2006, what, if anything, would you have done
 7 with respect to Spencer's level of
 8 supervision?

9 **MR. RANDAZZO:** Objection to
 10 the form.

11 You can answer.

12 **A. I can answer it? First thing I**
 13 **would do is go over the shaded questions to**
 14 **verify the answers were accurate. I'd also**
 15 **speak to Officer Vasaturo to make sure his**
 16 **answers were accurate and his corrections**
 17 **were all made. If everything stood the way**
 18 **it is, I would have put him on constant.**

19 **Q.** So assuming the form is exactly as
 20 it is, then you would have placed him on
 21 constant watch?

22 **MR. RANDAZZO:** Objection to
 23 the form.

24 **Q.** Back on May 20, '06.

25 **COMPU-TRAN SHORTHAND REPORTING**

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LOUIS LaPOLLA

1 **MR. RANDAZZO:** You can

2 answer.

3 **A. If there was no changes, there**
 4 **was no written policy on the number, but I**
 5 **would put him on constant.**

6 **Q.** What if there were indications
 7 that some of the answers were inaccurate and
 8 specifically question 16, would that change
 9 your opinion?

10 **A. 16-B?**

11 **Q.** Yes. As to what level of
 12 supervision?

13 **MR. RANDAZZO:** Objection to
 14 the form.

15 You can answer.

16 **A. He was not incoherent, but I**
 17 **would probably still have him on constant.**

18 **Q.** Why is that?

19 **A. No. 11.**

20 **Q.** What about No. 11?

21 **A. "Detainee is expressing feelings**
 22 **of hopelessness and nothing to look forward**
 23 **to." If that wasn't -- if that was**
 24 **accurate, then I would have put him on**
 25 **COMPU-TRAN SHORTHAND REPORTING**

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LOUIS LaPOLLA

1 **constant.**

2 **Q.** On this form, there's no
 3 indication of any comments in that section,
 4 even though there's a yes; correct?

5 **A. That's correct.**

6 **Q.** Did you ever receive any training
 7 with respect to this form that if a yes box
 8 is checked, the comments are supposed to be
 9 filled in to the column to the right?

10 **A. I believe so. I'm not 100**
 11 **percent sure on the verbiage with the**
 12 **training.**

13 **Q.** Did you ever speak with Vasaturo
 14 as to why there were no comments with
 15 respect to No. 11?

16 **A. No.**

17 **Q.** Did Spencer say anything to you or
 18 in your presence with respect to anything
 19 pertaining to No. 11?

20 **A. I just remember overhearing that**
 21 **he was in a band. He didn't appear to me**
 22 **that he had any kind of suicidal intentions.**
 23 **He was polite. Respectful. Made some**
 24 **jokes. I'm very taken back by this.**

25 **COMPU-TRAN SHORTHAND REPORTING**

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LOUIS LaPOLLA

1 **Q.** Did he say anything to you though,
 2 that in any way expressed feelings of either
 3 hopelessness or something to look forward to
 4 specifically?

5 **A. Nothing directly to me.**

6 **Q.** With respect to 16A, "detainee is
 7 apparently under the influence of alcohol or
 8 drugs," did you make any observations
 9 yourself that would lead you to answer yes
 10 or no on that question?

11 **A. Taking the inmate's word that he**
 12 **did the drugs. He said that he had taken --**

13 **Q.** And would you have said yes there?

14 **A. Yup.**

15 **Q.** With respect to No. 8, did you
 16 have any conversations with anybody about
 17 anything concerning that factor?

18 **A. No. He didn't appear to be**
 19 **embarrassed in my opinion.**

20 **Q.** Did you ask him in any way about
 21 anything concerning his background or
 22 experience by way of community relationships
 23 or other factors?

24 **A. No.**

25 **COMPU-TRAN SHORTHAND REPORTING**

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LOUIS LaPOLLIA

1
2 **Q.** Did you have an understanding that
3 this was the first time that Spencer had
4 been arrested?

A. That was my understanding.

6 **Q.** When Vasaturo advised you that he
7 placed Spencer on the 15-minute watch in
8 substance due to heroin use, did you ask him
9 if there was any other reason why he did
10 that?

11 **A. No.**

12 **Q.** Did you inquire at that time as to
13 the results of the medical intake?

14 **A. No, ma'am.**

15 **Q.** Did you inquire at that time as to
16 the results of the suicide screening?

17 **A. No, ma'am.**

18 **Q.** Did you ever speak with any
19 Americor staff with respect to Spencer?

20 **A. I may have spoken to Peter Clark.**
21 **I'm not 100 percent sure.**

22 **Q.** Do you recall doing so as you sit
23 here today?

24 **A. That night was so busy. It's**
25 **possible. I don't recall 100 percent, no.**

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LOUIS LaPOLLIA

2 **Q.** With respect to inmates that were
3 assigned to a 15-minute watch, is it
4 customary that they're assigned to the North
5 Housing Unit?

6 **A. Customary but if north is full,**
7 **we can put them upstairs in east or west.**

8 **Q.** On this occasion, Spencer was
9 initially assigned to cell 29, then it was
10 changed to seven?

11 **A. I was the one when I first came**
12 **inand had a feel for Mr. Sinkov, I said**
13 **he's decent. He seems to be all right to**
14 **put him in cell 29. It's a newer set up.**
15 **It's not -- the old North Housing is an old**
16 **linear style jail. That was my discretion.**
17 **I was going to put him upstairs. He seemed**
18 **to be not any problem except he did say he**
19 **used heroin. When Officer Vasaturo said he**
20 **was putting him on 15, my thought process**
21 **was he was erring on the side of caution**
22 **because of his possible withdrawals.**

23 **Q.** With respect to placing Spencer
24 initially in cell 29, you said that was your
25 initial feeling or decision?

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LOUIS LaPOLLIA

2 **A. Yes.**

3 **Q.** Had the suicide screening been
4 done at that point?

5 **A. No.**

6 **Q.** Have you ever seen Exhibit 8?

7 **A. I may have with all -- but this**
8 **is the trainers manual. I don't train. I'm**
9 **not a training officer. I may have seen it**
10 **on the desk or something with the officers**
11 **that are training.**

12 **Q.** Do you recall ever reviewing
13 anything?

14 **A. It's possible if I go through**
15 **this, whatever page you want me to look at.**

16 **Q.** Take a look first if you would at
17 Roman Numeral I-IV, "Components of an
18 Effective Suicide Prevention Risk Management
19 Program." Do you see that page?

20 **A. Yes.**

21 **Q.** It refers to screening for suicide
22 risk and then supervision one-to-one only
23 effective supervision for suicide
24 prevention.

25 **A. That's correct.**

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LOUIS LaPOLLIA

2 **Q.** Did you ever receive training on
3 that?

4 **A. In basic and every year we're**
5 **in-service, we have suicide screening**
6 **training.**

7 **Q.** What have you been trained on with
8 respect to that in the training sessions
9 you've attended?

10 **A. You have to use your discretion**
11 **when you're doing your screening and your**
12 **observation and you have to err on the side**
13 **of caution. Always notify your supervisor**
14 **of any problems. The 15s are mostly for**
15 **withdrawing. It's more medical. Someone**
16 **can have a heart condition or asthma, they**
17 **can be placed on a 15.**

18 **Q.** Were you trained with respect to
19 anything pertaining to the one-on-one
20 supervision and the screening process?

21 **A. As far as putting somebody on**
22 **after doing a screening?**

23 **Q.** Yes.

24 **A. Yes.**

25 **Q.** What were you trained with respect

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LOUIS LaPOLLA

to that?

A. We were trained that to err on the side of caution. Notify supervisors. In the gray boxes, you notify a supervisor immediately. Err on the side of caution even if someone scores a zero and you feel they're not coming forth and being honest with you, you can put them on constant supervision.

Q. With respect to the training you received, were you ever trained that if anybody scored an eight or higher, they should be placed on constant watch in terms of erring on the side of caution?

A. It's good to err on the side of caution with eight. I know state has their mandates. Our policy is not even, it doesn't say it on the sheet.

Q. Were you ever trained, though, is my question to do that?

A. It's possible.

Q. Do you recall that as you sit here now?

A. No.

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LOUIS LaPOLLA

Q. Were you ever trained if someone answered yes in one or more of the shaded boxes, that you're supposed to institute a constant watch?

A. It's possible with the State and it's possible with the county we did it differently. Like I said No. 8, the embarrassment doesn't necessarily mean putting someone on a suicide watch.

Q. With respect to the training you've received, though, putting aside what you learned today about the state's regulations, were you ever given any training that said in Putnam County, you're supposed to put somebody on constant watch if the shaded areas, one or more, aren't checked?

A. There's no final or absolute.

Q. Today was the first time that you learned about the State Commissions regulations with respect to constant watch being instituted for high-risk inmates?

A. No. That's not true. In reviewing it, I said I didn't recall it, but

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LOUIS LaPOLLA

I'm sure at one point they may have said it.

Q. You don't remember it as you sit here today?

A. Exactly.

Q. Take a look at the exhibit before you, Roman Numeral VII-8. It's at the end of the packet. About ten pages in from the back.

"Supervising the suicidal inmate;" do you see that?

A. Yes.

Q. "Constant supervision should be given immediately to all high-risk inmates"?

A. Correct.

Q. Were you ever trained on that?

A. Yes.

Q. Were you told during the training what a high-risk inmate means?

A. Yes.

Q. What were you told?

A. Anybody that you would feel that's a high-risk inmate could be somebody that states they're going to hurt themselves. It's a gray area in my opinion,

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LOUIS LaPOLLA

No. 11. Other high-risk inmates would be mentally ill.

Q. Anything about the score, the total number that you were trained on?

A. It's possible.

Q. You don't remember that as you sit here now?

A. No.

Q. Did you ever see Exhibit 9 which is a suicide prevention officers handbook?

A. I may have seen this. It might have been sitting on one of the desks when the training was going on.

Q. Do you recall seeing this at any point in time prior to today?

A. It's possible.

Q. Do you recall receiving a copy of this during any of the training sessions or in any way as part of your employment with Putnam County?

A. I don't recall. It is possible, but I don't recall.

Q. Have you ever reviewed the New York State Commission of Correction

COMPU-TRAN SHORTHAND REPORTING

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LOUIS LaPOLLA

1 regulations?
 2 **A. I'm sure I have.**
 3 **Q. Do you recall doing so prior to**
 4 **today?**
 5 **A. A while ago.**
 6 **Q. Were you aware at any point in**
 7 **time that Spencer had a visit with his**
 8 **family on May 20, 2006?**
 9 **A. I didn't find out anything about**
 10 **that until after.**
 11 **Q. How did you find out after?**
 12 **A. To be honest with you, I don't**
 13 **know if it was before I went to give my**
 14 **statement or after someone may have said in**
 15 **passing. I'm not 100 percent sure who told**
 16 **me.**
 17 **Q. Do you recall anything more**
 18 **specific that was said about that?**
 19 **A. No.**
 20 **Q. Did you say anything about that?**
 21 **A. About what?**
 22 **Q. About the visit. Ask any**
 23 **questions, comment in any way?**
 24 **A. I may have said I wonder what**
 25 **COMPU-TRAN SHORTHAND REPORTING**

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LOUIS LaPOLLA

1 **happened during the visit, but that's just**
 2 **speculation.**
 3 **Q. Were you ever provided with any**
 4 **kind of training or instruction on**
 5 **monitoring inmates after certain times such**
 6 **as a visit?**
 7 **A. Well, that's part of, you know,**
 8 **for suicide training, times - holidays,**
 9 **weekends, night shift, sentencing, bad phone**
 10 **call, bad visit.**
 11 **Q. Do you know if anything was done**
 12 **with respect to Spencer's visit with his**
 13 **family in terms of increasing or monitoring**
 14 **him in any way?**
 15 **A. Not to my knowledge. I wasn't**
 16 **informed there was a bad visit.**
 17 **Q. Did you ever speak with anyone**
 18 **from the State Commission of Correction with**
 19 **respect to Spencer?**
 20 **A. Yes.**
 21 **Q. When was that?**
 22 **A. That was, I believe, August 9,**
 23 **2006 or 7th. I believe 2006.**
 24 **Q. It wasn't in the last four or five**
 25 **COMPU-TRAN SHORTHAND REPORTING**

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LOUIS LaPOLLA

1 months?
 2 **A. No.**
 3 **Q. Do you recall who you spoke with?**
 4 **A. Two gentlemen. I'm not sure what**
 5 **their title was.**
 6 **Q. Do you recall their names?**
 7 **A. No.**
 8 **Q. Did you provide them with anything**
 9 **in writing?**
 10 **A. No.**
 11 **Q. Did they ask you questions?**
 12 **A. Yes.**
 13 **Q. Do you recall in substance what**
 14 **they asked you and what you said?**
 15 **A. Pretty much what happened that**
 16 **night. Questions on the policies and**
 17 **procedures.**
 18 **Q. Do you recall what they told you**
 19 **about the -- what you told them about the**
 20 **policies and procedures?**
 21 **A. What I told them, I just -- in**
 22 **all honesty, I don't remember. They had it**
 23 **written down. I have to look at it.**
 24 **Q. Do you know if they tape-recorded**
 25 **COMPU-TRAN SHORTHAND REPORTING**

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LOUIS LaPOLLA

1 it?
 2 **A. If they tape-recorded, I wasn't**
 3 **aware of it.**
 4 **Q. Did they take notes in your**
 5 **presence?**
 6 **A. Yes.**
 7 **Q. Did you ever see the Commission's**
 8 **final report with respect to Spencer?**
 9 **A. Yes.**
 10 **Q. Do you recall under what**
 11 **circumstances you saw that?**
 12 **A. I requested it. I think I got it**
 13 **in-house mail, in interoffice mail. I think**
 14 **that's how it was.**
 15 **Q. Did you speak with anyone about**
 16 **the findings or recommendations of the**
 17 **Commission in that case?**
 18 **A. I may have said something to**
 19 **Vasaturo.**
 20 **Q. Do you recall?**
 21 **A. I don't recall.**
 22 **Q. Take a look at Exhibit 12 which is**
 23 **the Commission's report in connection with**
 24 **the death of Spencer Sinkov. Did you ever**
 25 **COMPU-TRAN SHORTHAND REPORTING**

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LOUIS LaPOLLA

1 make any comments to anybody about any of
2 the specific recommendations that were
3 contained in that report?

4 **A. I may have but I don't remember.**

5 **Q.** In paragraph ten, which is on page
6 four, it says in the last sentence,
7 "Sergeant L.L., Louis LaPolla, failed to
8 properly notify -- failed to properly
9 supervise jail staff as he did not inquire
10 about the reason for Sinkov's cell
11 reassignment and why the 15-minute watch was
12 instituted;" do you see that?

13 **A. Yes, I do.**

14 **Q.** Do you agree or disagree with that
15 finding?

16 **A. I guess I disagree with that.**

17 **Q.** Why do you disagree?

18 **A. If I didn't go into the booking
19 room, if I didn't ask Mr. Sinkov questions
20 that I asked him and if I was notified -- I
21 was working with somebody that was trained
22 and I trusted and it wasn't his first day on
23 the job. That's my opinion on that.**

24 **Q.** Meaning Vasaturo?

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1 **A. Yes.**

2 **Q.** Were there any policies or
3 procedures that required you as the
4 supervisor to ask about the reasons why a
5 15-minute watch would be instituted?

6 **A. The red book probably has the
7 description of the supervision. I'm sure it
8 can be interpreted that way.**

9 **Q.** Did you ever interpret it that
10 way?

11 **A. I have to look at it again.**

12 **Q.** You don't recall as you sit here
13 now?

14 **A. Correct.**

15 **Q.** In terms of the recommendations on
16 pages five to six, specifically number two
17 on page six, "Recommends that the shift
18 supervisor on the 11:30 to 7:30 tour be
19 disciplined for failing to properly
20 supervise staff and failing to review
21 Sinkov's medical risk assessment after being
22 informed that he was placed on a 15-minute
23 watch;" do you see that?

24 **A. Yes, I do.**

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1 **Q.** Was any such disciplinary action
2 taken to date?

3 **A. Not to date.**

4 **Q.** Is it your understanding that the
5 document you signed in November would be to
6 extend the time under which the county could
7 take disciplinary actions --

8 **A. Yes.**

9 **Q.** -- based on this?

10 **A. Yes.**

11 **MS. BERG:** Let me have
12 marked as Exhibit 17, a copy of the
13 witness' statement from May 20, 2006.
14 *(Whereupon, Plaintiff's Exhibit 17,*
15 *STATEMENT BY LA POLLA DATED 5/20/06, was marked*
16 *for identification.)*

17 **Q.** Is Exhibit 17, the statement that
18 you provided to Nappi and DePerno?

19 **A. Yes.**

20 **Q.** Did you review it before you
21 signed it?

22 **A. Yes, I did.**

23 **Q.** Did you understand by signing it
24 you were attesting under penalty of perjury

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1 to the statements contained in it?

2 **A. Yes.**

3 **Q.** In the fifth line down, you
4 indicate that you went over and asked
5 Spencer some questions, such as how do you
6 take your drugs. The inmate responded that
7 he injects; do you see that?

8 **A. Yes. I didn't recall when I
9 answered before.**

10 **Q.** Does that refresh your
11 recollection?

12 **A. In all honesty, no. This is the
13 statement I gave. I gave it as honest as I
14 could, but I just don't remember at this
15 time.**

16 **Q.** You remembered it on May 20th, but
17 don't recall it today?

18 **A. Yes.**

19 **Q.** It says about five lines from the
20 bottom, "I instructed C.O. Vasaturo that if
21 there weren't any problems with the inmate,
22 he was to be put into cell 29 of the North
23 Housing Unit"?

24 **A. Yeah. That's a -- the sheet that**

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I gave, the original on that should be West Housing Unit. That's a typo.

Q. And you did instruct cell 29 --

A. That is correct.

Q. -- if there were no problems?

A. Correct.

Q. Then you were notified by Vasaturo that it wasn't going to be cell 29. It would be cell 7?

A. Correct. He was on the 15, and that's where the 15 supervisions were.

Q. Did you have a sense by that communication by Vasaturo, that there was some problem?

A. No. My thought process was he was erring on the side of caution because of the heroin addiction.

Q. You don't indicate in your statement from May 20, 2006 that Vasaturo said to you at that time the reason for the 15-minute supervisory visit; do you see that?

A. That he didn't or did?

Q. Did not.

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A. What line are we looking at?

Q. The first page where it says -- fourth line from the bottom, "I was notified via radio"?

A. Yes.

Q. That sentence indicates "Vasaturo told you, Sinkov was not going to cell 29"?

A. That's correct.

Q. "Was going to cell seven"?

A. That's correct.

Q. "And was going to be on a 15-minute supervisory visit"?

A. Correct.

Q. There's no indication in your statement that Vasaturo said the reason for that change?

A. He didn't say it over the air. I believe he said it in passing, verbally.

Q. But you don't say that in your statement?

A. No, I did not.

Q. You don't reference in your statement from May 20th, anything about the reason being due to drugs or heroin or

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withdrawal?

A. That is correct.

Can I make one statement?

Q. Yes.

A. This statement was given after a night shift. I came there as honest as I could. I was giving a statement, and I was very tired. That's all I can say on that.

Q. Do you believe that there's anything inaccurate about this, now that you've reviewed it?

A. Just that I didn't put down about saying he was on 15 because of the heroin or drugs, whatever. Everything else seems to be as accurate as I can recall.

Q. In terms of Vasaturo's statement about the 15-minute visit being due to the heroin or the drugs, that was not said to you over the radio?

A. No.

Q. It was said when you were passing him in the hall?

A. Somewhere, somehow during the night. I don't remember exactly when.

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Q. Do you recall anything about the circumstances of that communication?

A. No.

Q. Anything you can use to refresh your recollection?

A. To be honest with you, no.

Q. Did you take any notes or keep any records of your own?

A. No.

MS. BERG: Give us a few minutes, please.

(Recess taken)

CONTINUED EXAMINATION BY

MS. BERG:

Q. Are there any policies or procedures in place with respect to reevaluating or reassessing inmates who come into the facility either under the influence or recently having used alcohol or drugs?

A. Medical may do updates for that and also classification.

Q. Is there anything that the correction officer end is required to do in terms of updated suicide screening or

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anything along those lines?

A. Not necessarily. They can put in booking notes that advised to rescreen after certain amount of time, but there's no written rule on that.

Q. Are there any requirements that somebody who comes into the facility under the influence or having recently used drugs or alcohol, that they are reassessed by a correction officer because of the concern that drugs or alcohol could mask some of the symptoms of either medical or psychological impairment?

A. I'm not sure on that one.

Q. Have you ever had occasion to refer an inmate for any kind of detox assistance, either medication, a program, something else?

A. A referral?

Q. Yes.

A. From me? No. If an inmate asks is there any programs, I would say you can fill out this form. There's AA. There's a substance abuse. Medical would be the ones
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to -- we have our doctor that administers any medication if they needed.

Q. It would be up to the inmate to ask for that assistance?

A. Pretty much, unless the medical deems it necessary that for their health, they need it.

Q. Are there any instruction sheets that are provided to the correction officers in looking when filling out the Suicide Screening Guidelines?

A. Instruction sheets?

Q. Yes. Like the one that was page two of the ADM-330.

A. It's possible there's something in here. Nothing is sitting out, oh, let me look at this number for an answer. There's nothing to reference right offhand.

Q. Have you ever seen that?

A. Not offhand, no.

Q. Were you aware that Norberto Rivera was on a 15-minute watch?

A. Again, that's a name that I'd
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have to go back and check my records and check to see if I was on. I found out about his suicide when I was attending a deputy's father's wake.

Q. Do you recall anything about his incarceration?

A. I don't remember.

Q. In terms of observations of inmates on either a routine or 15-minute watch, the logbook indicates that the officer will write something to the effect of nine or 12 or whatever number of males, all secure?

A. Yeah. Males/female all secured would be everything is secured. They're breathing. There's nothing unusual or irregular happening at that time.

Q. Now, on a 15-minute watch, are they required to document it anymore specifically?

A. It's the same supervision when you're doing the check, but you'll document every hour. You'll write down what they're doing or if they're doing something out of
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the ordinary. That goes for routine check, too.

Q. In terms of the visual checks that are done --

A. Yes.

Q. -- again routine or 15-minute checks, if somebody is lying down, say, for example, in the fetal position or something like that, is that something you would note?

A. That would be documented, and that would be something you might wake the inmate up and say, are you okay, or if they're up, are you okay. And if they say no, we will get medical. The nurse comes and takes a look at him and take direction from medical.

Q. Do you recall on May 20th when you did the checks at NHU and observed Spencer, what he was doing?

A. He was laying down. I don't know if he was sleeping.

Q. In what position?

A. It wasn't fetal. I don't
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remember him being in a fetal position. He was laying down, but I don't know if he was on the back or stomach or side.

Q. Could you see his skin, his face, his hands, anything?

A. I believe so. I don't remember what parts of the body I saw, but if I didn't, I would have made sure I would have.

Q. Could you see if he was perspiring or anything like that?

A. I didn't notice him perspiring.

Q. Could you see that if he was?

A. Yes. You would be able to see. It would have to be profuse. You have the gate, the cell and then their day room and a gate and catwalk. So you have a little distance to look, but you could see it if it was noticeable, something out of the ordinary.

Q. What are the lighting conditions like when you do the observation?

A. The lighting conditions, there's a night light. It's less bright than

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daylight. And the catwalk that the officer walks around, is dark. So when you're looking in, the cell is lit up, so you do have good vision.

Q. With respect to paper clothing, are you aware of any policies governing that?

A. Paper clothing, that goes to inmates that are on one-on-one supervision.

Q. Only those?

A. Yes, suicide risk.

Q. For how long has that been the policy in Putnam County?

A. Paper suits, that's since I started, I've always seen that.

Q. In terms of paper suits going only to the one-on-one supervision?

A. Correct. It wouldn't go to someone on a 15.

Q. Are there any answers that you've given that you want to modify or change?

A. I'd have to look.

Q. Anything that comes to mind?

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A. Not offhand.

MS. BERG: I don't have anything else.

MR. KLEINBERG: I have no questions for you.

MR. COON: I have no questions.

o0o

(Time noted: 6:15 p.m.)

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UNITED STATES DISTRICT COURT)

ss:

SOUTHERN DISTRICT OF NEW YORK)

I, LOUIS LA POLLA, the witness herein, having read the foregoing testimony of the pages of this deposition, do hereby certify it to be a true and correct transcript, subject to the corrections, if any, shown on the attached page.

o0o

LOUIS LA POLLA

Subscribed and sworn to before me this ____ day of ____, 2008.

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1
2 STATE OF NEW YORK)
3) ss
4 COUNTY OF ROCKLAND)

6
7 I, Tracy Smith, Notary Public within
8 and for the State of New York, do hereby
9 certify:

11 That I reported the proceedings in the
12 within entitled matter, and that the within
13 transcript is a true record of said
14 proceedings.

16 I further certify that I am not
17 related to any of the parties to the action by
18 blood or marriage, and that I am in no way
19 interested in the outcome of this matter.

21 IN WITNESS WHEREOF, I have hereunto
22 set my hand this 3rd day of February, 2008.

24 TRACY SMITH,
25 NOTARY PUBLIC

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1
2 ***INDEX***

3
4 PAGE# LINE#

5 EXAMINATION BY:

6
7 MS. BERG 4 10

9
10 DOCUMENT/DATA REQUESTED:

11 NONE

13
14 PLAINTIFF'S EXHIBITS:

15
16 17 STATEMENT BY LA POLLA 95 16
17 DATED 5/20/06

18
19 DEFENDANT'S EXHIBITS:

20 NONE

22
23
24 RULINGS CONTEMPLATED:

25 NONE
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1
2 CORRECTION SHEET

3 Re: SINKOV VS SMITH, ET AL

4 The following corrections, additions
5 or deletions were noted on the transcript of
6 the testimony which I gave in the above-
7 captioned matter, held on January 7, 2008.

8
9 PAGE(S) LINE(S) SHOULD READ -

10 _____
11 _____
12 _____
13 _____
14 _____
15 _____
16 _____
17 _____

18
19
20 LOUIS LA POLLA

21 Subscribed and sworn to before me
22 his ____ day of ____ 2008.

23
24
25

EXHIBIT H

SOJ 32 PAGE 7

rev 06/01

**PUTNAM COUNTY CORRECTION FACILITY
SUICIDE PREVENTION SCREENING GUIDELINES**

SECTION 4

NAME	JAIL #	SEX	DOB	DATE	TIME
MOST SERIOUS CHARGE	Facility Origin Other Than PCCF		Detainee showed serious psychiatric problems during prior incarceration YES _____ NO _____		

	Column A YES	Column B NO	General Comments/observations All "YES" responses require written comment here
OBSERVATIONS OF ARRESTING/TRANSPORTING OFFICER 1. Arresting or transporting officer believes that detainee may be a suicide risk If YES, notify shift supervisor.			
PERSONAL DATA 2. Detainee lacks support of family or friends in the community.	No Family Friends		
3. Detainee has experienced a significant loss within the last six months. (e.g., loss of job, loss of relationship, death of close family member)			
4. Detainee is very worried about major problems other than legal situation. (e.g., serious financial or family problem, a medical condition or fear of losing job)			
5. Detainee's family member or significant other (spouse, parent, close friend, lover) has attempted to or has committed suicide.			
6. Detainee has history of drug or alcohol abuse. (Note drug and when last used.)			
7. Detainee has history of counseling or mental health evaluation/treatment. (Note current psychotropic medications and name of most recent treatment agency)			
8. Detainee expresses extreme embarrassment, shame, or feeling of humiliation as a result of current charge or this incarceration. (consider detainee's position in the community and shocking nature of crime)			
9. Detainee is thinking of killing himself/herself. If YES, notify Shift Supervisor immediately.			
10a. Detainee has previous suicide attempt. (Explore method and check for scars.)			
b. Attempt occurred in the last month.			
11. Detainee is expressing feelings of hopelessness (nothing to look forward to)			
12. This detainee's first incarceration in lockup/jail.			
BEHAVIOR/APPEARANCE			
13. Detainee shows signs of depression (e.g., crying, emotional lability).			
14. Detainee appears overly anxious, panicked, afraid or angry.			
15. Detainee is acting and/or talking in a strange manner. e.g., cannot focus attention, hearing or seeing things which are not there)			
16a. Detainee is apparently under the influence of alcohol or drugs.			
b. If YES, is detainee incoherent, or showing signs of withdrawal or mental illness. If YES to BOTH 16a and 16b notify Shift Supervisor immediately.			

TOTAL of Column A

ACTION TO BE TAKEN BY SCREENING OFFICER

If total in Column A is 8 or more, or any shaded box is checked, or if the screening officer feels it necessary, notify shift supervisor.

Shift Supervisor notified YES _____ NO _____ Shift Supervisor _____ Shift Supervisor Signature _____

Mental health Supervision instituted: Routine _____ 15 Min. Supervisory Visit _____ Constant _____

Mental Health referral: NO _____ YES _____, complete referral form. Emergency _____ Non-Emergency _____

Screening Officer Name _____ Screening Officer Signature _____

Inmate Signature _____ Date _____

Officer's comments/Impressions:

Medical Staff and/or Mental Health Provider actions:

CLASSIFICATION REVIEW

OFFICER _____

NURSE _____

DATE _____

EXHIBIT I

III
Article 15
MENTAL HEALTH EVALUATION & SERVICE

15-1 MENTAL HEALTH EVALUATION POLICY:

The Putnam County Correctional Facility, in conjunction with New York State Office of Mental Health, New York State Commission of Correction and County Mental Health Service Staff, has developed the Local Forensic Suicide Prevention Program. Such program is in conformance with New York State Commission of Correction Minimum Standards and nationally accepted correctional practices.

PURPOSE

- a. To assure that suicidal prisoners and prisoners with serious mental health problems are identified and treated in a timely manner.
- b. To significantly reduce the incidence of suicide among persons incarcerated within the county jail.
- c. To stabilize acutely mentally ill and/or suicidal prisoners and to provide for facility safety.
- d. To prevent deterioration among locally incarcerated prisoners with a history of mental illness.
- e. To provide both non-sentenced and sentenced mentally ill prisoners timely access to psychiatric inpatient care.
- f. To foster cooperative working relationships between the jail and local medical/mental health service providers.

15-2 ADMISSION/SCREENING POLICY:

Facility personnel will make a conscious effort to identify highly suicidal prisoners and/or prisoners with serious mental health problems. Identification of such prisoners will be an ongoing process which will begin at intake and continue until prisoners are released. This endeavor shall require the complete cooperation of all facility personnel.

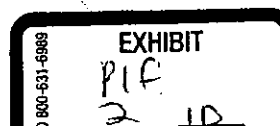
PURPOSE

To reduce the incidence of suicide among the prisoner population at the Putnam County Correctional Facility.

PROCEDURAL GUIDELINES:

A. Booking Officer will:

1. Process all lawfully committed prisoners in accordance with the Putnam County Correctional Facility established policies and procedures, Correction Law and New York State Commission of Corrections Minimum Standards, Sections 7003 (Admissions) and 7013 (Classification of Inmates - New).
2. Screen all prisoners prior to initial cell assignment. This screening process shall include, but not be limited to:



- a. Examination of all documents and records accompanying the prisoner for possible references to past or current mental health problems and for prescribed medication and court orders for mental health exam (e.g. CPL, Section 730 exam);
 - b. Administration of Suicide Prevention Screening Guidelines, For #330 ADM.
 - c. Assessment for physical handicap (s);
 - d. Review of existing files to determine if prisoner has attempted suicide or received psychiatric inpatient services during prior incarceration at the facility; and
 - e. Consideration of any other relevant information concerning prisoner's condition brought to the attention of the Booking Officer by any other person.
3. Immediately notify the tour supervisor whenever a prisoner:
 - a. Scores in the high risk (Score of 8 in Column A) or immediate referral categories on the Suicide Prevention Screening Form;
 - b. Does not score high risk on the Suicide Prevention Screening Form but displays verbal or behavioral indications which lead the admission officer to believe that the prisoner may require medical or mental health attention;
 - c. Is in semiconscious or unconscious state;
 - d. Has prescribed medications within personal property;
 - e. Appears to be significantly under the influence of alcohol or drugs; and
 - f. Has court orders for mental exams, suicide watch or medical attention.
 4. All such notifications will be completed by forwarding a copy of the prisoner's screening form to the tour supervisor prior to cell assignment.
 5. Place the completed Suicide Prevention Screening Form in each prisoner's facility file at time of booking.
 6. Assign appropriate housing based upon the results of completed Form #330 ADM and other classification determination.
 7. Initiate the required documentation for prisoner referral to appropriate health service agency, if required.

B. Block Officer will:

1. Observe all prisoners under their supervision in accordance with provisions of Minimum Standards, Section 7003.

2. Observe all prisoners for verbal and behavioral indications of suicidal intent and/or mental illness. These observations will be routinely made during regular security checks and include but are not limited to:
 - a. Semiconscious or unconscious state;
 - b. Depressed state, indication of withdrawal, periods of crying, insomnia, sluggishness;
 - c. Extreme restlessness, pacing up and down;
 - d. Active discussion of suicide intent;
 - e. Sudden drastic change in mood, eating, or sleeping habits;
 - f. Giving away personal property;
 - g. Loss of interest in activities or relationships of which inmate had previously enjoyed or engaged;
 - h. Signs of drug or alcohol withdrawal or intoxication;
 - i. Signs of serious mental health problems such as hallucinations and delusions; and
 - j. Prisoner's refusal to take prescribed medication or a request for increased dosage of medication.
3. Observe and interview prisoners for signs of depression and/or hopelessness during:
 - a. Periods immediately preceding or following court appearances and sentencing; and/or
 - b. Periods following a significant loss by a prisoner (e.g. Death in a family) if known to the facility personnel.
4. Notify the tour supervisor whenever a prisoner meets the criteria in Section 2 or 3 above. All such notifications shall be verbal, followed by appropriate log entries.

15-3 MENTAL HEALTH REFERRAL POLICY

Facility Policy and Procedures for referring prisoners who require treatment services during incarceration will be developed jointly by this facility and appropriate treatment agencies. In developing these procedures, medical emergencies will be given priority over all other types of treatment referrals.

PURPOSE:

To assure that suicidal prisoners and prisoners with serious mental health problems receive timely access to emergency and non-emergency treatment services.

DEFINITIONS:

- A. Medical Emergency - Any situation in which a prisoner is (a) danger or dying or sustaining serious bodily damage due to a physical problem or injury (including self inflicted injuries) or (b) incapacitated by drugs or alcohol to the degree that the prisoner may be a danger to self, others, or property.

- B. Mental Health Emergency - Any circumstance where, due to a mental illness, a person is at substantial and imminent danger to self or others.
- C. Mental Health Non-Emergency - Any situation in which a prisoner is experiencing a mental health problem and it is believed that without intervention, the prisoner is likely to deteriorate and/or become at risk of suicide. This category shall include but need not be limited to those at risk suicide and:
 - 1. Prisoners who refuse (or request increased dosage of) Mental Health Medication;
 - 2. Prisoners with a long history of mental illness;
 - 3. Prisoners discharged from a psychiatric center to the custody of the facility; and
 - 4. Prisoners who display behavior which suggests acute emotional distress.

D. PROCEDURAL GUIDELINES

Tour Supervisor will:

- 1. Upon being notified by booking or block officer that a prisoner meets the criteria contained under Policy and Procedures Section C (Screening and Identification) take the following action:
 - a. Verify the information through verbal and visual contact with the prisoner.
 - b. Advise the block officer of any further actions necessary to ensure the safety and general welfare of the prisoner. If prisoner does not require medical or mental health services, explain to the referring officer why a referral for services was not appropriate and clarify procedures for officers, as necessary.
 - c. (If medical or mental health staff are not available within the facility) personally interview and observe prisoner and determine if prisoner warrants an emergency or non-emergency referral and initiate the required referral procedures Section II.
 - d. Ensure that appropriate supervision is given to any prisoner who is determined to be a threat to himself/herself.
 - e. Forward a copy of Screening Form #330 ADM with the inmate if he/she is being referred to a Health Service Provider.
 - f. Assure that security staff provide suitable first aid until relieved by qualified medical staff.
 - g. Document any action taken in the appropriate log and by submission of Departmental Report to the Staff Sergeant.
 - h. Notify the Captain and other concerned individuals as required by facility policies, procedures and chain of command.

15-4 Facility Resource Limitations

Prisoners who require mental health care beyond the resources available to the facility will be transferred or committed to a facility where proper care is available.

SUPERVISION OF INMATES WITH MENTAL HEALTH PROBLEMS

POLICY: Appropriate supervision will be provided at the Putnam Correctional Facility for all prisoners with mental health problems. All Supervisory visits will be recorded in the appropriate log books.

A. DEFINITIONS: Active Supervision - means the immediate availability to prisoners of the facility staff members responsible for care and custody of such prisoners, including but not limited to:

- 1) Supervisory visits to be conducted at 15 minute intervals; and
- 2) The uninterrupted ability of staff members to communicate orally with and respond to each prisoner unaided by any electronic or other artificial amplifying device.

B. Constant Supervision - means uninterrupted personal visual observation of prisoners by facility staff members responsible for the care and custody of such prisoners.

PROCEDURAL GUIDELINES

1. The Captain or Staff Sergeant
 - a. Ensure that at least active supervision is provided to prisoners with mental health problems.
 - b. Determine if additional supervision is required for prisoner whose conditions, illness, or injury warrants it. The determination shall be in writing and shall state the specific facts and reasons underlying such determination. Additional supervision may include:
 - (1) more frequent supervisory visits; or
 - (2) constant.
 - c. Make periodic reviews to insure that the security policy and procedures are being implemented by subordinate staff.
 - d. Ensure that staff supervision is consistent with the Minimum Standards and County Law and that at least one staff member is of the same sex as the prisoner(s).
2. Facility Physician will:
 - a. Have the authority to determine if additional supervision is required for prisoners whose condition, illness, or injury requires such supervision. Such determination shall be in conformance with provisions of Part I, B.

3. Tour Supervisor will:

- a. Assure that constant supervision is immediately provided for the following types of prisoners:
 - (1) Suicidal prisoners;
 - (2) Other prisoners with serious mental health problems.
- b. Assure that prisoners who are in a semiconscious or unconscious state are immediately transported to an appropriate medical facility.
- c. Assure that active supervision is immediately provided for prisoners who are intoxicated by drugs or alcohol but who do not appear to be a danger to themselves or others.
- d. Assure that active or constant supervision will also be provided for all other prisoners who are determined by the Captain, Staff Sergeant, Tour Supervisor, Facility Physician, or Mental Health Service staff assigned to the facility to have mental health problems.
- e. Perform any and all other duties which will promote the safety, security, and good order of the facility. Such duties may include but not be limited to:
 - (1) Open communication with mental health service agencies and personnel;
 - (2) Assessment of the facility's security program as it relates to prisoners with mental health problems.
 - (3) Submission of recommendations on ways to improve the facility's supervision program.
- f. Ensure that prisoners identified as having mental health problems are not placed in unsupervised isolation.

4. Block Officer

The Block Officer, upon being assigned to provide constant or active supervision for prisoners with mental health problems, shall perform following duties:

- a. Review appropriate supervisory/housing log book.
- b. Discuss the prisoner's status with the officer whom he is relieving;
- c. Record the supervisory/housing log book entries for his shift. Such entries shall be in conformance with the facility's policy and procedures and appropriate Correction Law and Minimum Standards;
- d. Follow all special precautions as directed by facility supervisors and/or mental health officials.
- e. Search the prisoner under supervision each time the individual leaves or enters his/her cell;

- f. Conduct a daily search of the prisoner's cell for weapons and other potentially dangerous items. Such searches will be in accordance with the facility's established policies and procedures;
- g. Ensure that prisoners who appear to be sleeping are breathing and not in need of medical assistance;
- h. Discuss the prisoner's behavior with the mental health staff involved with the treatment of the prisoner under his/her supervision;
- i. Encourage the prisoner to participate in available and appropriate facility activities;
- j. Maintain appropriate confidentiality of records and information pertinent to the area of responsibility.
- k. Perform the required supervisory checks as prescribed by the Captain, Staff Sergeant, or Tour Supervisor.

15-5 SAFETY OF INMATE WITH MENTAL HEALTH PROBLEMS

POLICY:

All facility personnel will take appropriate safety precautions in handling and/or dealing with prisoners who are suspected or have been identified as having mental health problems.

PROCEDURAL GUIDELINES

PURPOSE:

To prevent prisoner suicides and to assure the general safety of prisoners with mental health problems.

A. Safety Precautions Prior to Cell Assignment

- 1. Booking Officers will perform at least the following duties:
 - a. Thoroughly search all new prisoners and their clothing before placing the prisoners in a housing or detention area. Personnel performing such searches will be of same sex as the prisoner being searched.
 - b. Remove all items of a potentially dangerous nature (e.g. belts, neckties, shoelaces, metal combs, matches) and store them in a safe area in accordance with facility procedures;
- 2. All efforts must be made to expedite provision of emergency treatment.
- 3. The Captain, or Staff Sgt. of the facility shall consult with the responsible physician or his designee prior to following actions being taken regarding prisoners who are having mental health problems:
 - (a) Housing assignment;
 - (b) Program assignments;
 - (c) Disciplinary measures; and
 - (d) Transfer in and out of the facility.

B. Safety Precautions Following Cell Assignments

1. The Block officer will perform the following:
 - (a) At the beginning of his shift, review all logs for information which may have been entered concerning the mental health status of prisoners.
 - (b) Observe and interact with any prisoner listed in the log as appearing unstable or unusually depressed.
 - (c) Perform the required personal visual observations and assessment of every prisoner under his/her care, pursuant to Supervision Policy, and in accordance with Commission of Correction Minimum Standards, Part 7003.
 - (d) Render first aid to a prisoner who is found in an unconscious state, after requesting assistance, and continue such until relieved by trained medical personnel. This action shall be taken regardless of an officer's belief that the prisoner has expired.

C. General Safety Provisions

1. Tour Supervisor will:
 - (a) Assure that first aid kits are stored in readily accessible locations and that all disposable items (bandages, gauge, etc.) used in emergencies are routinely replaced;
 - (b) Ensure that the first aid kits are inspected periodically by trained medical staff;
 - (c) Arrange a private treatment area for mental health staff who conduct services in the facility. During periods when mental health services are conducted, an officer will be assigned to remain nearby to render timely assistance if necessary;
 - (d) Meet with mental health personnel, when requested, to review the management and/or safety of mentally ill prisoners;
 - (e) Take actions to assure that mental health treatment recommendations which meet the security and safety requirements of this facility (e.g. extra telephone call) are carried out on the days and shifts indicated;
 - (f) Advise mental health personnel whenever security considerations or other factors prohibit a prisoner's access to services recommended by mental health staff;
 - (g) Consult with mental health staff whenever there is a doubt regarding appropriate disciplinary sanctions to be imposed on prisoners receiving mental health services; and
 - (h) Notify the block officers of any unusual precautions that should be observed during transportation of inmates(s) to a mental health service agency.

15-6 MENTAL HEALTH NOTIFICATION

POLICY: Medical and Mental Health related information concerning suicidal prisoners and prisoners with serious mental health problems will be transferred only in accordance with the following requirements:

- Summaries or copies of mental health records will be routinely sent to the facility to which the prisoner is being transferred.

PROCEDURAL GUIDELINES

A. Transfer to Another Facility

1. Security personnel will:

- (a) Notify the medical staff at least 24 hours prior to a routine transfer whenever feasible.
- (b) Submit any required documentation regarding the said transfer.

2. Medical personnel will:

- (a) Prepare all the required information to accompany the prisoner to be transferred.
- (b) Forward to the receiving facility any portion of the medical record at the time of transfer.
- (c) If necessary, prepare a written summary of possible medication and/or treatment needs during transit. The following information shall be included in the summary:
 - (a) medication needs during transit;
 - (b) special medical needs or problems, especially suicidal
 - (c) psychiatric problems, especially suicidal
 - (d) handicaps which may require special procedures during transportation.
- (d) Prepare the Health Transfer Sheet, NYS Form #3611-A to be forwarded to other facilities.
- (e) Prepare custodial transfer information, NYS Form #3610-A, to be forwarded to other facilities.

3. Tour Supervisor will:

- (a) Assure that the receiving facility (county or state) is immediately informed of any signs of suicide potential or serious mental health problems exhibited by such prisoners and/or psychotropic medication currently prescribed for such prisoners.

15-7 REPORTS/DOCUMENTATION OF MENTAL HEALTH INMATES

POLICY: A complete health record file shall be maintained for each inmate to document accurately all health care services, including critical information regarding suicidal prisoners and prisoners with serious mental health problems. Such recording system shall be maintained and controlled by the facility health care authority.

PURPOSE: To provide continuity of care and adequate safety.

PROCEDURAL GUIDELINES

15-7-A Documentation requirements

1. At a minimum, written documentation regarding high risk prisoners shall include:
 - (a) Officer's observations of prisoners' verbal statements or behavioral signs that are indicative of suicidal intent or serious mental health problems. This will include observations made during admission and all supervisory checks.
 - (b) Facility actions taken to assist prisoners who are believed to be suicidal or mentally ill. These actions include:
 - (1) Notifications made by Booking and Block officers to tour supervisors regarding prisoners with mental health problems.
 - (2) Service referral made by facility tour supervisors for suicidal prisoners and prisoners with mental health problems.
 - (3) Special instructions issued by tour supervisors regarding active, constant or more frequent supervision or of precautions to be taken managing suicidal prisoners or prisoners with mental health problems.
 - (4) Refusal to take or request increase dosage of medications prescribed for a mental health problem.
 - (5) Documentation of any emergency first aid procedures implemented.
 - (6) Prisoner suicides and suicide attempts.
 - (7) Prisoner admissions (during incarceration) to a psychiatric inpatient program and/or for drug or alcohol abuse or admissions to a medical inpatient unit.
2. All documentation shall be recorded in a format as prescribed by Commission of Correction's Minimum Standards or governing facility policies and procedures and authorized by the local health authority.

15-7B Confidentiality

1. Access to all medical and mental health records shall be controlled by the facility's medical and or mental health staff.
2. Routine access to medical and mental health records shall be limited to those medical and mental health staff who require records for supplying clinical service to the prisoner.
3. Medical and mental health records shall be released according to lawful provisions.
4. The physician, or designees, shall have access to prisoner's confinement record when the physician believes that information contained therein may be relevant to the prisoner's health.
5. The Captain, Staff Sgt. or his designee shall have access to the prisoners' medical and mental health records when the Captain / Staff Sgt. believes information contained therein may be relevant to the overall safety, security and good order of the facility.

15-7-C Storage of Records

1. All medical and mental health records shall be maintained separately from the confinement record and shall be available as prescribed by law.
2. The facility shall provide adequate space and equipment for the storage of all medical and mental health records in a safe and secure manner.

15-7-D Collection and Recording of Health Data

1. Only qualified medical or mental health personnel shall collect and record health history, vital signs and other health appraisal data onto the approved record forms.

The Captain will meet annually with Mental Health staff to review the mental health emergency care and treatment services that have been provided, discuss service needs, and explore methods of enhancing staff and service coordination between the facility and mental health services.

TRAINING:

The Captain will facilitate the training of all staff following the Local Forensic Suicide Prevention Services training model. A training coordinator will be assigned and records kept of the training. Mental Health staff will receive appropriate orientation and training to the facility and its procedures.

EXHIBIT J

Suicide Prevention and Crisis Intervention in County Jails and Police Lockups

BASIC PROGRAM TRAINER'S MANUAL

*Ulster County
Jail*

JANUARY 2000

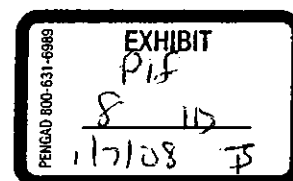
*Revision Book
2003.*

New York State Office of Mental Health

New York State Commission of Correction

Ulster County Department of Mental Health

B



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James L. Stone, MSW, CSW, Commissioner
Richard Miraglia, CSW, Director, Bureau of Forensic Services

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Patricia R. Tappan, Commissioner
Frederick C. Lamy, Commissioner

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NYS Conference of Mental Hygiene Directors
NAMI – New York State
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NYS Division of Correctional Services
NYS Police Training Directors Association
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Original Edition Written by:

Judith F. Cox
Pamela C. Morschauser
Joseph Himmelsbach
M. Peter Paravati
Lois V. Leahy
Laurie Gordan Sherman

With Contributions from:

C. Terence McCormick
Collie Brown
Debra Bourque
John Hickey
Julie Manning

Revised Edition (1999) Written by:

Pamela C. Morschauser
James R. Taisey

Research and Editing:

Donna Boundy

Design and Formatting:

Ann Cohan, Printing & Design Services

MODULE VI

Suicide Prevention Screening Guidelines

OBJECTIVES

At the completion of this module, each officer, without reference to notes, will:

1. Complete and score the *Suicide Prevention Screening Guidelines*.
2. Understand the importance of communication regarding suicide risk among officers, medical, and mental health personnel.

TRANSPARENCIES

1. Suicide Prevention Screening Guidelines Form
2. Sample Form – Refusal to Answer All Questions
3. Sample Form – Refusal to Answer Some Questions
4. Sample Form – Inability to Answer
5. Signs of Depression
6. Sample Form – Recommended Scoring for Video Screening

HANDOUT

1. Suicide Prevention Screening Guidelines Form

TIME NEEDED: 90 minutes

LESSON/PROCEDURE**INSTRUCTOR'S NOTES****INTRODUCTION**

- Set of questions designed to identify inmates at high risk for suicide during early incarceration.
- **Will indicate a suicide risk for the first 24 to 72 hours of incarceration.** Recently in NYS jails, 9% of suicides were committed within hours of being taken into custody; nationally 27% occur within the first 3 hours (NCIA)
- NYS experience may reflect impact of effective screening at booking
- Effective screening can
 - save a life
 - protect an officer from legal liability should the detainee harm himself while incarcerated
- Each question is based on research that indicates its direct relationship to suicide risk. Guideline is not, however, a scientifically validated psychological testing instrument.
- Designed to be used at booking:
 - easy to incorporate into booking process
 - early detection can prevent a suicide
- Designed to help the booking officer make the most effective use of time and effort in identifying suicidal inmates.
- Will identify some risk factors for suicide which can be used to assess suicide risk throughout inmate's incarceration.

TWO OBJECTIONS REGARDING USE OF THE SUICIDE PREVENTION SCREENING GUIDELINES

- Impossibility of completing the Guidelines during booking process due to the extensiveness of the form.
- The form contains numerous questions of a personal nature that the officer believes would be an invasion of the detainee's privacy and which he would refuse to answer.

WHY USE THE SUICIDE PREVENTION SCREENING GUIDELINES DURING THE BOOKING PROCESS

- Early detection can prevent a suicide
- The officer is not going to make a diagnosis nor a prediction of suicide but the form will enable him/her to identify a detainee who may be a high risk for suicide.
- Correctly identifying a suicidal detainee will result in certain procedures that may avert a crisis (e.g., housing classification; supervision). These procedures will be drafted by your facility with the assistance of the medical and mental health staff.
- Asking personal questions to assess suicide potential is a necessity.

Distribute the Suicide Prevention Screening Guidelines to officers.



Stress that the results of screening at booking cannot be relied upon as a complete assessment of suicide risk after the first 72 hours of incarceration.

Officers may initiate a discussion about the additional paperwork required to complete the *Suicide Prevention Screening Guidelines* at booking. Acknowledge any concerns and reinforce that during 14 years of utilization in New York State it has been shown that the form can be integrated into the booking process with little difficulty and that usually inmates are willing to answer these questions.

LESSON/PROCEDURE**INSTRUCTOR'S NOTES****INITIATING THE INTERVIEWING PROCESS**

Minimize the detainee's suspicions and hostilities by conveying the following before beginning interview.

- The use of the guidelines is a routine process of booking.
- All detainees are requested to answer these questions.
- The information is important to assure his/her well being.
- Some of the questions may be personal, but they are necessary in assessing for suicide risk.

OBJECTIVE 1**SUICIDE PREVENTION SCREENING GUIDELINES
INSTRUCTIONS: HOW TO COMPLETE THE FORM****GENERAL INFORMATION SECTION**

- Complete the form in triplicate at booking, *PRIOR* to cell assignment.
- File *ORIGINAL COPY* according to facility's procedures.
- If referred, provide *COPY* to medical or mental health personnel.
- *THIRD COPY* is available for other purposes, such as inclusion in transfer packet.
- **COMMENTS COLUMN**
All "yes" responses require a note to document.
Booking officer should note:
 - Any information about the detainee that is relevant and important.
 - Any information regarding detainee's refusal or inability to answer questions.
- **DETAINEE'S NAME:** Enter detainee's last name, first name and middle initial.
- **SEX:** Enter male (m) or female (f).
- **DATE OF BIRTH:** Enter day, month and year.
- **MOST SERIOUS CHARGE(S):** Enter the most serious charge or charges (no more than two) from this arrest.
- **DATE:** Enter day, month and year that the form is being completed.
- **TIME:** Enter the time of day the form is being completed.
- **NAME OF FACILITY:** Enter the name of the jail or lockup.
- **NAME OF SCREENING OFFICER:** Print the name of the officer completing the form.
- **PSYCHIATRIC PROBLEMS DURING PRIOR INCARCERATIONS**
Facility records should be reviewed to determine any prior mental health services to inmate.
Any inmate with a diagnosis of a psychotic disorder or a Major Depression and prior mental health services in jail should be referred to the supervisor immediately following screening and to the mental health service as soon as possible.

Show transparency:
Blank Suicide
Prevention Screening
Guidelines form.



Stress to officers the necessity of noting in the "Comments Column" any pertinent information — either observed by an officer or stated by the detainee.

Each facility should have a procedure (e.g., rolodex file, computer file) which records detainees with psychiatric problems.

LESSON/PROCEDURE**INSTRUCTOR'S NOTES****REFUSE TO ANSWER/UNABLE TO ANSWER QUESTIONS**

- Information unknown to booking/screening officer should be asked of detainee.
- Detainee has a right to refuse to answer.

If detainee REFUSES TO ANSWER questions 2 through 12:

- Write RTA in Comment Column next to each question.
and
- Check either "YES" or "NO" to a question **ONLY** if the information is known to the officer completing the form.

If during a cooperative interview the detainee REFUSES TO ANSWER one or two questions:

- Check "YES" in the box.
and
- Enter RTA in Comment Column.

If detainee is UNABLE TO ANSWER questions 2 through 12:

- Enter UTA in the Comment Column.
and
- Enter reason for being unable to answer next to the unanswered question (e.g., "detainee highly intoxicated and incoherent").
and
- If the information to complete questions 2 through 12 is **KNOWN** to the officer, check "YES" or "NO."

PERSONAL DATA QUESTIONS 1-12**ITEM 1 – Observations of Transporting Officer**

- Asking for information from the transporting/arresting officer can provide pertinent information about the detainee's behavior and emotional state at the time of arrest and during transport.
- This information can be relevant and valuable during the screening process especially if the detainee refuses to answer questions.

Check "YES" or "NO" based upon the verbal report of the transporting/arresting officer or information listed in the completed screening guideline provided by the transporting/arresting police agency.

If noted that detainee is a high risk for suicide, IMMEDIATELY notify the supervisor.

Show transparencies:

- Sample form for
Refusal to Answer
All questions
- Sample form for
Refusal to Answer
Some questions



NOTE: Any time officer checks an answer to a question a detainee has refused to or is unable to answer, officer should note how the information is known to him/her.

Show transparency:

- Sample form for
Inability to Answer
questions



Note: Advise officers to complete screening if possible and then notify shift supervisor whenever direction at left appears.

LESSON/PROCEDURE**INSTRUCTOR'S NOTES****ITEM 2 – Family and Friends**

- Individuals without family or friends may feel isolated. An attitude of hopelessness and helplessness may exist if emotional support or a sense of belonging is lacking. (Fawcett, N.C.I.A., Danto, Burtch)
- Inmate's feeling of emotional connection is more significant than his/her geographic closeness to family and friends.
- Without emotional connections, suicide becomes a greater risk.
- When asking this question be sure that a family member or close friend is indeed "close." A close person would be defined as:
 - **SOMEONE OTHER THAN a LAWYER or BONDSMAN** who will be willing to post bail.
 - **SOMEONE** who **WILL VISIT** the detainee while incarcerated.
 - **SOMEONE** who will call often or will **ACCEPT A COLLECT CALL** from the detainee.

Check "YES" if detainee lacks close family or friends.

ITEM 3 – Significant Loss

- Loss of significant individuals in a person's life can leave them without the necessary emotional support. (Rowan, AFSP). This lack of support may lead to depression and possibly suicide.

Significant loss can be defined as:

- Loss of employment
- Death of a loved one
- End of a relationship (including loss of a friend or pet)

Explore this issue by asking:

- "Have you lost your job within the last six months?"
- "Has your marriage or a relationship ended within the last six months?"
- "Has a family member or close friend died within the last six months?"

Check "YES" if the detainee has reported ANY LOSS within the last six months.

ITEM 4 – Worried About Problems

- Pre-existing problems may contribute to an increase in the detainee's stress level. Arrest and incarceration may be viewed as the "last straw."
- This question is intended to reveal the detainee's current state of mind.

Explore this issue by asking:

- "Do you have any serious financial or family problems?"
- "Do you or anybody close to you have serious medical problems?"
- "Do you fear losing your job?"

Stress a loss is anything perceived by the detainee as a loss. Avoid making assumptions.

Stress a problem is anything perceived by the detainee as a problem. Avoid making assumptions.

LESSON/PROCEDURE**INSTRUCTOR'S NOTES**

Future developments regarding the information gathered may have an impact on the detainee's behavior during his incarceration, (e.g., spouse may be filing for a divorce). Any information should be logged and noted in the Comment Column for future reference.

Check "YES" if detainee is worried about major problems other than his/her legal situation.

Officers should be **alert** during visits, times of mail delivery, and after phone calls.

ITEM 5 – Suicide/Significant Other

- Psychiatric literature has shown that a person is more likely to attempt or complete suicide if another person "close" to them has already done so. (Danto; Handbook of Psychiatric Emergencies, NCIA)
- A significant other can serve as a role model. If a detainee has experienced the suicide of a parent, he/she may view suicide as an acceptable solution.

Explore this issue by asking:

- "Has any family member or close friend committed suicide?"

Check "YES" if detainee has experienced a suicide within his/her community of significant others.

ITEM 6 – Alcohol/Drug History (Fawcett, AFSP, Rowan)

- Individuals dependent on alcohol/drugs are predisposed to depression.
- Depression is an indicator of suicide.
- Be alert to individuals with a past history of alcohol/drug abuse.
- Alcohol/drug history does not indicate addiction. It does indicate that the person has abused alcohol/drugs to the extent that they have impacted on his life.

Explore this issue by asking:

- "Have you ever been arrested for DWI?"
- "Have you ever received treatment for an alcohol/drug problem?"
- "Have alcohol/drugs ever caused problems in your life; losing a job, arrests, or a medical condition?"
- "Has anybody ever complained about your alcohol/drug abuse?"

Check "YES" if the detainee admits to an alcohol/drug problem.

NOTE: The nature of the charge may reveal alcohol/drug involvement (i.e., CPCS, DWI, DWAI, etc.).

ITEM 7 – History of Mental Health Treatment

- Persons with a history of psychiatric illness, especially depression or schizophrenia, are at a higher risk of committing suicide than the general population. (Farmer, Kamara, Barraclough)
- The New York State Commission of Correction has reported that 50% of all LOCALLY incarcerated inmates who committed suicide had a prior psychiatric diagnosis (1993–1997).

LESSON/PROCEDURE**INSTRUCTOR'S NOTES****Explore this issue by asking:**

- "Do you have past hospitalizations for mental health problems?"
- "At present, do you take any prescribed medications to treat a mental health problem?"
- "Have you received counseling within the past six months?"

Check "YES" if the detainee reports any prior history of psychiatric services.

Officers should *note* the psychotropic medication and name of the treatment agency in the "Comments Column."

If the detainee states a diagnosis, it should be noted.

ITEM 8 – Embarrassment

- Certain individuals are held in high esteem within their community. An arrest is likely to damage their image and jeopardize employment or reputation.
- A person may have committed a "shocking" crime — one which disgusts and upsets the community (e.g., sexual abuse).
- Some persons may feel shame and humiliation over arrest for even a minor crime.

Explore this issue by asking:

- "Do you consider your arrest and detention shameful?"
- "Will the nature of the crime cause embarrassment to your family?"

Considerations in scoring #8:

- Don't make assumptions about how the person should feel.
- Put together as much information as possible to make a decision. Remember, it is how the person perceives the crime and/or their position.
- Try to perceive the crime as the detainee views it, (put yourself in his/her shoes).
- Utilize interview skills to assess the situation. Avoid personal judgment of the crime.

If this question is checked "YES," IMMEDIATELY Notify the Supervisor.

ITEM 9 – Suicidal Statements

- Research has indicated that the most accurate way of differentiating a suicidal from a non-suicidal person is by simply asking the person about suicidal thoughts. (Lester in Beck, 1974)
- Be alert to direct statements, "I want to kill myself," or indirect statements, "I have nothing to live for."
- Indirect statements may cause feelings of uneasiness, apprehension or doubt on the officer's part.

Check "YES" to any direct or indirect suicidal statement, and IMMEDIATELY Notify the Supervisor.

Advise officers that use of good communication skills will dispel those feelings. Communication Skills will be reviewed in Module 8.

LESSON/PROCEDURE**INSTRUCTOR'S NOTES****ITEM 10A – Previous Suicide Attempt**

- Research has shown that people who have attempted suicide are more likely to make subsequent attempts.
- Approximately 80% of all persons who commit suicide have made at least one prior attempt.
- A previous attempt is an excellent indicator for subsequent attempts.
- 30% of those who commit suicide in correctional facilities have made previous attempts. (DuRand)

Explore this issue by asking:

- "Have you ever attempted suicide?"

If "YES" explore the method and check for scars. (Medical examination should check for scars, even if no claim of attempt.)

Describe the suicide method in "Comments Column."

ITEM 10B – Attempt Occurred Within Last Month

- This time frame is based upon review of suicides in New York State jails and lockups.
- Immediate referral to supervisor is required only if attempt is recent.
- Facilities may wish to immediately refer all detainees with previous attempts, no matter when they occurred.

ITEM 11 – Hopelessness

- Hopelessness and helplessness are the best short-term indicators of suicide risk.
- The officer wants to determine if the detainee is experiencing unbearable psychological pain, and if relief from this pain is being sought

Explore this issue by asking:

- "Do you feel hopeless – NOTHING to look forward to?"

The question may also be asked another way:

- "Do you feel you have ANYTHING to look forward to?"
- In this case, a "YES" response would be scored "NO" on form.

Check "YES" if detainee feels hopeless and has given up.

If officer checks "YES," IMMEDIATELY Notify the Supervisor.

This item may be difficult for officers to assess. Correctly asking the question will elicit the proper response. Scoring of this question is very important. Be certain that the officers understand how to obtain this information and the scoring process before proceeding.

ITEM 12 – Incarceration History

- Those detainees without a significant incarceration history are most likely to kill themselves shortly after confinement due to the disgrace and embarrassment stemming from their arrest and incarceration.
- A first time offender is an especially high suicide risk due to the fear of being incarcerated.
- It is important to note that detainees with an extensive criminal record are more likely to attempt suicide after several weeks or months in confinement during which time they may become increasingly despondent about their future. (Danto, 1973)

LESSON/PROCEDURE**INSTRUCTOR'S NOTES****BEHAVIOR APPEARANCE OBSERVATIONS:
ITEMS 13-16B**

Check "YES" or "NO" to each of these items. These are
OBSERVATIONS made by the booking/screening officer.

**NOTE: THESE ARE OBSERVATIONS, NOT QUESTIONS TO ASK
THE DETAINEE.**

ITEM 13 - Depression

- The officer should note any signs of depression.
- Be alert to non-verbal expressions and behaviors that will identify depression. (crying, apathy, extreme sadness, lethargy, etc.)

Signs of Depression

Hopelessness/Helplessness	Worthlessness/Guilt
Diminished Interest in Most Activities	Suicidal Ideations/ Thoughts of Death
Significant Weight Gain or Loss	Anxiety
Increase/Loss of Sleep	Extreme Sadness/Crying
Restlessness/Lethargy	Diminished Ability to Concentrate
Fatigue	

ITEM 14 - Anxiety/Anger/Fear

- A person who is overly anxious, afraid or angry is a high risk for suicide.
- Anxiety symptoms, both panic attacks and high generalized anxiety is major short-term suicide risk factor. (Fawcett)
- Agitation frequently precedes suicide. (Rowan)
- The officer will be identifying extreme or inappropriate expression of these emotions.
- Anxiety, fear and anger can be observed by:
 - Hand-wringing
 - Pacing
 - Profuse sweating
 - Excessive fidgeting
 - Shallow breathing

Check "YES" if any of these signs are observed.

Emphasize to officers that their personal observations are extremely helpful and should be noted in the "Comments Column."

Ask officers for the signs of depression as a review.

Show transparency:
Signs of Depression
again.



LESSON/PROCEDURE**INSTRUCTOR'S NOTES****ITEM 15 – Strange Manner**

- Note any signs of a psychosis or other mental illness.
- Be alert for hallucinations, mood swings, disorientation, alcohol/drug withdrawal, etc.

Check "YES" if any unusual behavior or verbalizations are observed.

ITEM 16A – "Under the Influence" – Alcohol/Drugs

- An individual high on alcohol/drugs poses a very serious suicide risk. (Fawcett)
- Risk is also high during early period of recovery from substance abuse. (Rowan)
- Alcohol and cocaine abuse is present in more than 60% of suicides of 18–19 year olds. (AFSP)
- Ascertaining that a person is intoxicated may be difficult, especially if "under the influence" of drugs other than alcohol.

Indicators of intoxication:

- For stimulants – dilated pupils, sweating, rapid thoughts and speech.
- For depressants – slurred speech, slowed movements, detached mood, inability to think logically.
- For hallucinogens – removed from reality, seeing/hearing things.

Check "YES" if the detainee appears to be intoxicated.

ITEM 16B – Incoherent/Withdrawal/Mental Illness

- This observation helps identify those intoxicated detainees who have a greater likelihood of attempting suicide.

Check "YES" if the detainee is experiencing a physiological withdrawal, and IMMEDIATELY Notify the Supervisor.

As you proceed through this frequently *remind* the officers that their observations are critical and should be noted in the "Comments Column."

SCORING

- Booking officer totals the number of "YES" checks in Column A.
- Enter the total number of "YES" checks in the space provided.

Notify Supervisor IMMEDIATELY if:

- THE TOTAL NUMBER IS 8 (EIGHT) OR MORE.
- ANY SHADED BOXES ARE CHECKED
- BOOKING/SCREENING OFFICER BELIEVES A REFERRAL IS APPROPRIATE AND NECESSARY.

Indicate on the guidelines form how and where the scoring and disposition is entered.

NOTE: The score of 8 is an arbitrary threshold. A person with a lower score may be a suicide risk.

OFFICER'S COMMENT'S / IMPRESSIONS

- Inquire about and note any other information inmate thinks jail personnel should know about him/her relating to safety

LESSON/PROCEDURE**INSTRUCTOR'S NOTES****ACTION TO BE TAKEN****BY OFFICER**

- Notify Supervisor if any answers indicate notification, and check either "YES" or "NO."
- Supervisor must be notified PRIOR to cell assignment.

BY SUPERVISOR

- Check supervision disposition:
 - Constant (one to one) is the only acceptable level of supervision for a suicide watch in NYS.
- Check "YES" or "NO" regarding referral to medical/mental health personnel.
 - If "YES," check emergency or non/emergency medical/mental health personnel.

MENTAL HEALTH STAFF

- All recommendations should be noted on form by medical/mental health staff.

SIGNATURE AND BADGE NUMBER OF SCREENING OFFICER

- Enter signature and badge number

PREPARATION FOR VIDEO

VIDEO: *Suicide Prevention Screening Guidelines*
Time: 8 minutes

NOTE: See NYSCOC
 Chairman's Memorandum
 #17.99, November 1, 1999.

COMPREHENSION CHECK

Ask officers to briefly review instructions for completing form; answer any questions.

Start video with Title:
*Suicide Prevention
 Screening Guidelines.*



Stop video with Narrator saying: "Be sure to make appropriate notes in the Comments Column any time you score a question as a yes."

LESSON/PROCEDURE

INSTRUCTOR'S NOTES

DISCUSSION OF VIDEO SCREENING

VIDEO: Scoring Screening Form
Time: 9.5 minutes

Review each question.
 Do Not Give Answers.

Show transparency:
 Recommended
 Scoring of video
 interview.



Start video with
 Narrator saying: "The
 preceding screening
 went pretty smoothly.
 It took about seven minutes."



Stop video with Narrator
 saying: "It was a close call,
 but unless you personally feel
 that he is dangerous to himself,
 he need not be given special
 attention."

SUMMARY**REVIEW OF GUIDELINES**

- "Suicide Screening Prevention Guidelines" is a tool that has been proven effective in preventing suicide.
- Guidelines are effective for the first 24 hours to 72 hours of incarceration.
- Booking officer should be sensitive to the personal questions being asked to the detainee. Attitude should not be rigid, routine or mechanical.
- Due to the personal nature of the questions, a detainee may engage the officer in a lengthy discussion. Should this happen:
 1. Recognize that the detainee needs to vent his feelings.
 2. Explain to the detainee that you are unable to converse at length — but be sensitive and understanding to the detainee's feelings.
 3. **IMMEDIATELY Notify the Supervisor if warranted.**
 A referral to the appropriate service provider will be initiated.